

**JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-045562**

**FILED VS DEC 27 1960**

STATE FILE NUMBER

Registration District No. 87 Primary Registration District No. 5324 Registrar's No. 15

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Crawford</u>	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Boone</u>	a. STATE <u>Mo.</u>	b. COUNTY <u>Crawford</u>
Length of stay in 1b		c. CITY OR TOWN <u>DAVISVILLE Mo.</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2 mi. W. of Sullivan, Mo. Hy 64</u>		d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First <u>JOSEPH</u>	Middle <u>ALBERT</u>	Last <u>WARD</u>	Month <u>11</u>	Day <u>28</u> Year <u>1960</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>APRIL 9 1897</u>	9. AGE (last birthday) <u>63</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and state or country) <u>GLEASON, TENNESSEE</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>
13a. FATHER'S NAME <u>GEORGE N. WARD</u>		13b. MOTHER'S MAIDEN NAME <u>NANCY E. NICLEY</u>		14. NAME OF HUSBAND OR WIFE <u>ELLA MAE</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, <del>say</del> unknown) (If yes, give war or dates of service) <u>WORLD WAR II</u>		16. SOCIAL SECURITY NO. <u>408-20-5859</u>	17. INFORMANT Address <u>Mrs. J. Ward Cherryville, Mo.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <u>instant</u>
IMMEDIATE CAUSE (a)	<u>broken neck</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>automobile collision</u>	
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour <u>12</u> a.m. <u>1</u> p.m.	Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>228</u>	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
 Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Doctor or title) <u>Henry Johnson Penner</u>	22b. ADDRESS <u>Steeble Md</u>	22c. DATE SIGNED <u>12/20-60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12-1-60</u>	23c. NAME OF CEMETERY OR CREMATOR <u>Old Salem</u>	23d. LOCATION (City, town, or county) (State) <u>Martin, Tenn.</u>
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24. FUNERAL DIRECTOR ADDRESS <u>DOUG MURPHY FUNERAL HOME MARTIN TENNESSEE</u>	25. DATE RECD. BY LOCAL REG. <u>12-21-60</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS DEC 30 1960

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

~~or by~~ \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Harrison M. Eaton*

Licensed Embalmer No.

4192

P. O. Address

*Sullivan, Pa*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.