

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-025780

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 162 Primary Registration District No. 5595 Registrar's No. 71

FILED JUL 27 1961

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

1. PLACE OF DEATH a. COUNTY JEFFERSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY JEFFERSON				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SULPHUR SPRINGS		Length of stay in 1b 10 YRS		c. CITY OR TOWN SULPHUR SPRINGS		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION SULPHUR SPRINGS				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) GENERAL DEL.		
3. NAME OF DECEASED (Type or print) First Middle Last CORDELIA WARD			4. DATE OF DEATH Month Day Year JULY 11, 1961					
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH MAY 28 1882		
9. AGE (last birthday) 79		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK			10b. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE (City and state or country) ELLINGTON MO		12. CITIZEN OF WHAT COUNTRY U S A	
13a. FATHER'S NAME JOHN KUNTZ			13b. MOTHER'S MAIDEN NAME MARY ANN (UNKNOWN)			14. NAME OF HUSBAND OR WIFE JAMES WARD (DEC)		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO.		17. INFORMANT Address MO MRS CHESTER BULLIS SULPHUR SPRING			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Chr. Myocarditis</i> DUE TO (b) <i>Senility</i> DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH	
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 type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input 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 a.m. Month, Day, Year								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <i>Sulphur Springs Jefferson Mo</i>		20g. COUNTY STATE <i>Jefferson Mo</i>		
21. I attended the deceased from <u>1950</u> to <u>7-11-61</u> and last saw her/him alive on <u>7-10-61</u> . Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <i>Robert M.D.</i>				22b. ADDRESS <i>Imperial, Mo</i>		22c. DATE SIGNED <i>7/12/61</i>		
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE JULY 14 1961		23c. NAME OF CEMETERY OR CREMATORY HARTFORD CEMETERY		23d. LOCATION (City, town, or county) (State) GRAFTON ILL.		
24. FUNERAL DIRECTOR ADDRESS HEILIGTAG FUNERAL HOME IMPERIAL MO				25. DATE RECD. BY LOCAL REG. 7-14-61		26. REGISTRAR'S SIGNATURE <i>Robert E. Bauer</i>		

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Elmer Heiligtag

Licensed Embalmer No. 3571

P. O. Address Imperial MO

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.