

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED AUG 21 1961

-61-030284

STATE FILE NUMBER

AMENDED

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 263

## 1. PLACE OF DEATH

a. COUNTY

Pettis

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN

Sedalia

Length of stay in 1b

35 years

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

Bothwell Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Pettis

c. CITY  
OR  
TOWN

Sedalia

Inside Limits

Yes ☒ No ☐d. STREET  
ADDRESS

(If outside, give location)

620 North Engineer

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

ULYSSES

Middle

SETH

Last

WARD

4. DATE  
OF  
DEATH

Month

Day

Year

August 16, 1961

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

10/5/1895

## 9. AGE (last birthday)

65

## IF UNDER 1 YEAR

## IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Laborer

10b. KIND OF BUSINESS OR INDUSTRY

Retired Laborer

11. BIRTHPLACE (City and state or country)

Hatfield, Missouri

12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

William W. Ward

## 13b. MOTHER'S MAIDEN NAME

Jane Sulgrave

## 14. NAME OF HUSBAND OR WIFE

Mo.  
Mrs. Bessie Ward, Sedalia,

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

Yes

(If yes, give war or dates of service)

World War I

## 16. SOCIAL SECURITY NO.

491-07-5762

## 17. INFORMANT

Address

Sedalia, Mo.

Mrs. Bessie Ward, 620 North Engineer,

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Acute Cardiac Failure

## INTERVAL BETWEEN ONSET AND DEATH

Died Sudd.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Dilatation of Heart

1 Week

DUE TO (c) Coronary occlusion

4 Months

## 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.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

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.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from April 23, 1961 to August 16, 1961 and last saw him alive on August 14, 1961

Death occurred at 9:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

G. L. Walter M.D.

## 22b. ADDRESS

500 W. 16th, Sedalia, Missouri

## 22c. DATE SIGNED

8-16-61

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

8/18/1961

## 23c. NAME OF CEMETERY OR CREMATORY

Longwood Cemetery

## 23d. LOCATION (City, town, or county)

Longwood, Missouri

## (State)

## 24. GENERAL DIRECTOR

ADDRESS

Sedalia, Missouri

## 25. DATE RECD. BY LOCAL REG.

Aug 16, 1961

## 26. REGISTRAR'S SIGNATURE

Francis Shelby

(Licensed Embalmer's Statement on Reverse Side)

AUG 22 1961

SEP 21 1961

### 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 Thane Ewing

Licensed Embalmer No. 3847

P. O. Address Seattle 2

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.