ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

RTMENT OF PUBLIC HEALTH AND WELFARE

73

-61-031799

STATE FILE NUMBER

AMENDED

Registration District No. 15 Primary Registration District No. 3004 Registrar's No.

FILED SEP 18 1961

1. PLACE OF DEATH
a. COUNTY: Barton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Lamar — Length of stay in 1b: 45 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 403 Gulf — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Barton
c. CITY OR TOWN: Lamar — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 403 Gulf — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: ETHEL Middle: N. Last: WARD
4. DATE OF DEATH: Month Sept. Day 9 Year 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 3-6-1880
9. AGE (last birthday): 81 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (City and state or country): Cawker City, Kansas
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: Alexander Hart Norton
13b. MOTHER'S MAIDEN NAME: Rhoda Rolf
14. NAME OF HUSBAND OR WIFE: George E. Ward
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT: Mrs. Cora Walters, Address: Lamar, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 5 Months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): old age

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 ☐ Unknown

19. 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: LAMAR — COUNTY: Barton — STATE: Mo

21. I attended the deceased from Sept 1, to Sept 9 61 and last saw her/him alive on 9-8-61
Death occurred at 7:00 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: D R Gueckner (Degree or title) MD
22b. ADDRESS: Lamar Mo
22c. DATE SIGNED: 9-11-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Sept. 10, 1961
23c. NAME OF CEMETERY OR CREMATORY: Lake Cemetery
23d. LOCATION (City, town, or county) (State): Lamar, Missouri

24. FUNERAL DIRECTOR — ADDRESS: Konantz Funeral Home, Lamar, Missouri
25. DATE RECD. BY LOCAL REG.: Sept 11 1961
26. REGISTRAR'S SIGNATURE: Marie Konantz

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

SEP 18 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 Norman L. Thompson

Licensed Embalmer No. 4816

P. O. Address Lamar, 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.