

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-032421

AMENDED

Registration District No. 116Primary Registration District No. 3020Registrar's No. 229

STATE FILE NUMBER

FILED OCT 9 1961

a. COUNTY

FRANKLIN

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

a. STATE Mo.

b. COUNTY FRANKLIN

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN WASHINGTONLength of stay in 1b
4 DAYS

c. CITY OR TOWN WASHINGTON

Inside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION ST. FRANCIS HospInside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
512 WEST 8th St.Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
John ERNEST WARD4. DATE OF DEATH
Month Day Year
Oct. 2 1961

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

5-20-1887

9. AGE (last birthday)

74

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)

ENGINEER

10b. KIND OF BUSINESS OR INDUSTRY

U.S. CORPS ENG.

11. BIRTHPLACE (City and state or country)

AMERICUS, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

John W. WARD

13b. MOTHER'S MAIDEN NAME

ZEMEINA BARTON

14. NAME OF HUSBAND OR WIFE

SADIE C. WARD

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.

496-24-3686

17. INFORMANT

MRS. John WARD

Address

512 W. 8th Washington, Mo.18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebrovascular Accident
Cerebral hemorrhage
Generalized arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

96 hours

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

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Mark block - intermittent.

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 1958 to Oct. 2, 1961 and last saw him alive on Oct. 2, 1961Death occurred at 5:20 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

John P. Ryan, M.D.

22b. ADDRESS

Washington Mo.

22c. DATE SIGNED

10-3-61

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

OCT. 4, 1961

23c. NAME OF CEMETERY OR CREMATORY

LIBERTY BAPTIST

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

BIG SPRING, Mo.

(State)

24. FUNERAL DIRECTOR

BAKER FUNERAL HOME

Address

New Florence Mo.

25. DATE RECD. BY LOCAL REG.

10/4/61

26. REGISTRAR'S SIGNATURE

Leola C. Johnson

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

OCT 10 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 Vernon S. Vedder

Licensed Embalmer No. 5031

P. O. Address Washington, M

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.