

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

61-037984

STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 3152 Registrar's No. 329

FILED OCT 30 1961

DATE AMENDED

INSTEAD OF

BY AFFIDAVIT OF

DOCUMENT

| | | | |
|---|----------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY Pettis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia | | Length of stay in 1b 2 months | c. CITY OR TOWN Fulton Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 309 East Boonville | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS Seminole Apts. (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First LENNIE Middle MAE Last WARD | | | 4. DATE OF DEATH Month October Day 25 Year 1961 |
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 7/24/78 |
| 9. AGE (last birthday) 83 | | 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) Calloway County, Mo. |
| 12. CITIZEN OF WHAT COUNTRY U.S.A. | | 13a. FATHER'S NAME Nathan T. Hord | |
| 13b. MOTHER'S MAIDEN NAME Catherine Robertson | | 14. NAME OF HUSBAND OR WIFE George 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. none | 17. INFORMANT Mrs. G.I. Wright, 309 East Boonville Sedalia, 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) Congestive Heart failure DUE TO (b) De-compensating Heart. DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senility - Arteriosclerotic Heart Disease | | | INTERVAL BETWEEN ONSET AND DEATH 1 day. 6 mo. |
| 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. _____ p.m. | | 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.) | | 20f. CITY, TOWN, OR LOCATION Calloway County, Mo. | |
| 21. I attended the deceased from 10/25/61 to 10/25/61 and last saw her/him alive on 10/25/61 Death occurred at 11:25 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE H. J. Holden (Degree or title) | | 22b. ADDRESS 1116 W. 3rd Sedalia, Mo. | |
| 22c. DATE SIGNED 10/26/61 | | 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | |
| 23b. DATE 10/27/61 | | 23c. NAME OF CEMETERY OR CREMATORY Mokane Cemetery | |
| 23d. LOCATION (City, town, or county) Mokane, Missouri | | 24. FUNERAL DIRECTOR Huan Chung ADDRESS Sedalia, Mo. | |
| 25. DATE RECD. BY LOCAL REG. Oct 26, 1961 | | 26. REGISTRAR'S SIGNATURE Frances Shelby | |

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 R. E. Baker

Licensed Embalmer No. 2419

P. O. Address Sacalia, 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.