

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-037985

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 320

STATE FILE NUMBER

FILED OCT 23 1961

1. PLACE OF DEATH

a. COUNTY

Pettis

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

Sedalia

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTIONBothwell HospitalInside Limits
Yes ☒ No ☐

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

a. STATE

Mo

b. COUNTY

Pettisc. CITY
OR
TOWNSedalia

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

820 W. 20thReside on Farm
Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

THOMASP.WARD4. DATE
OF
DEATH

Month

Day

Year

Oct 131961

5. SEX

Male

6. COLOR OR RACE

White7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

Aug 5 1892

9. AGE (last birthday)

69

IF UNDER 1 YEAR

Months

IF UNDER 24 HR

Days

Hours

Min.

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

Salesman

10b. KIND OF BUSINESS OR INDUSTRY

Retired

11. BIRTHPLACE (City and state or country)

Chicago Ill

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Tom Ward

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

Lola Hill15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs Marian Sickinger Rochester N.Y.18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Anemia & MalnutritionINTERVAL BETWEEN
ONSET AND DEATH8 weeksConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

BONE Malignancy - Multiple Myeloma1 1/2 - 2 yrs

DUE TO (c)

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

Month, Day, Year

a.m.

p.m.

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 7-29-61 to 10-13-61 and last saw ^{her}him alive on 10-13-61
Death occurred at 5:40 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Donald K. Kirby D.O.

22b. ADDRESS

814 W. 16th Sedalia Mo.

22c. DATE SIGNED

10-16-6123a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

Burial10-16-61

23c. NAME OF CEMETERY OR CREMATORY

Memorial Park

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

Sedalia

(State)

MO

24. FUNERAL DIRECTOR

ADDRESS

M^c Laughlin Bros Sedalia

25. DATE RECD. BY LOCAL REG.

10-17-1961

26. REGISTRAR'S SIGNATURE

Frances Shelby

(Licensed Embalmer's Statement on Reverse Side)

OCT 24 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 Philip M. Laughlin

Licensed Embalmer No. 3729

P. O. Address Adelphia

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.