

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-020957
STATE FILE NUMBER

Registration District No. 267 Primary Registration District No. 4401 Registrar's No. 103

FILED JUN 3 1963

DO NOT WRITE ON THIS STUB

VS-300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Pemiscot			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Pemiscot		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bragg City		Length of stay in 1b	c. CITY OR TOWN Bragg City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) No Street numbers	
3. NAME OF DECEASED (Type or print) First Leaster Middle Lucille Last Ward			4. DATE OF DEATH Month May Day 21 Year 1963		
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 8/6/1907	9. AGE (last birthday) 55	IF UNDER 1 YEAR Months 9 Days 15
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (City and state or country) Conway, Ark.	
13a. FATHER'S NAME John B. Cargile		13b. MOTHER'S MAIDEN NAME Ellen England		14. NAME OF HUSBAND OR WIFE Ausburn Ward (dec'd)	
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. [REDACTED]		17. INFORMANT William I. Ward, St. Louis, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cancer of Cervix					INTERVAL BETWEEN ONSET AND DEATH Unknown
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)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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. Month, Day, Year _____		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 May 19, 1963		COUNTY May 19, 1963		STATE May 19, 1963	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____. Death occurred at approximately 3:30a on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Quinton Tarver, M.D. (Deceased's title)			22b. ADDRESS Kennett, Mo.		22c. DATE SIGNED 5-21-63 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5/23/1963	23c. NAME OF CEMETERY OR CREMATORY Mt. Zion		23d. LOCATION (City, town, or county) Steele Missouri
24. FUNERAL DIRECTOR McDaniel Funeral Ser. Kennett, Mo.			25. DATE RECD. BY LOCAL REG. 5-23-63		26. REGISTRAR'S SIGNATURE Charlotte E. Sloan

(Licensed Embalmer's Statement on Reverse Side)

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 Tommy L. DeWitt

Licensed Embalmer No. 4 886

P. O. Address Kennett, 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.