

FILED MAY 14 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **12088**
31

| | | | | | | | |
|---|--|--|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 32 | | PRIMARY REG. DIST. NO. 4042 | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY Bollinger | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Bollinger | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lutesville | | c. LENGTH OF STAY (in this place) 20yrs | | c. CITY OR TOWN Lutesville | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Home | | | | e. STREET ADDRESS (If rural, give location) 0090 | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) HARRY | | b. (Middle) JENNINGS | | c. (Last) WARD | | 4. DATE OF DEATH (Month) 5 (Day) 3 (Year) 57 | |
| 5. SEX M | | 6. COLOR OR RACE W | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED 3 Divorced | | 8. DATE OF BIRTH Sept 30, 1896 | |
| 9. AGE (In years last birthday) 60 | | 10. UNDER 1 YEAR Days _____ | | 11. UNDER 24 HRS. Hours _____ Min. _____ | | 12. CITIZEN OF WHAT COUNTRY? U.S.A | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Marshal-Street Com | | | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | | |
| 11. BIRTHPLACE (City and State or Foreign Country) Wayne County, Mo. | | | | 12. CITIZEN OF WHAT COUNTRY? U.S.A | | | |
| 13a. FATHER'S NAME Samual Adolph Ward | | | | 13b. MOTHER'S MAIDEN NAME Eliza Collier | | | |
| 14. NAME OF HUSBAND OR WIFE _____ | | | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give year or date of service) WW-1-7-21-18 | | | |
| 16. SOCIAL SECURITY NO. 491-16-3752 | | | | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Ina Myers ADDRESS Shorthill, Mo. | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiovascular syndrome DUE TO (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH | | | |
| 19a. DATE OF OPERATION _____ | | | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | |
| 20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | | 21. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | | | |
| 21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____ | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____ | | | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | | |
| 21f. HOW DID INJURY OCCUR? _____ | | | | 22. I hereby certify that I attended the deceased from 8/2 , 19 54 , to 5/2 , 19 57 that I last saw the deceased alive on 5/2 , 19 57 , and that death occurred at 9 P m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) John J. Myers | | | | 23b. ADDRESS 002 Lutesville Mo | | | |
| 23c. DATE SIGNED 5/6/57 | | | | 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | | |
| 24b. DATE 5-5-57 | | | | 24c. NAME OF CEMETERY OR CREMATORY Bollinger Co. Mem | | | |
| 24d. LOCATION (City, town, or county) (State) Lutesville, Mo | | | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS James Wood Lutesville, Mo | | | |
| DATE REC'D BY LOCAL REG. 5/7/57 | | | | REGISTRAR'S SIGNATURE Mrs. Buford Crader | | | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 14 1961

JAN 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..... *R. O. Laird*

Licensed Embalmer No. *4538*

P. O. Address *Jackson, ms*

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.