

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 316

Primary Registration District No. 3059

Registrar's No. 377

STATE FILE NUMBER 0036366

DO NOT WRITE ON THIS STUB

AMENDED

FILED 07 64

VS 300
Rev. 4/59

DATE AMENDED

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		a. STATE <u>Mo</u>		b. COUNTY <u>St Francois</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bonne Terre</u>		Length of stay in 1b		c. CITY OR TOWN <u>Bonne Terre</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bonne Terre Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>159 Church St</u>	
3. NAME OF DECEASED (Type or print) <u>Charles Frederick Ward</u>		First <u>Charles</u> Middle <u>Frederick</u> Last <u>Ward</u>		4. DATE OF DEATH <u>September 28, 1964</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Jun 19, 1892</u>	9. AGE (last birthday) <u>72</u>	IF UNDER 1 YEAR IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Manager, Chevrolet Motor Co</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Chevrolet Motor Co</u>		11. BIRTHPLACE (City and state or country) <u>Bonne Terre, Mo</u>	
13a. FATHER'S NAME <u>Henry Ward</u>		13b. MOTHER'S MAIDEN NAME <u>Mollie Rudy</u>		14. NAME OF HUSBAND OR WIFE <u>Eva Hipes Ward</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, unknown) (If yes, give year or dates of service) <u>Yes WW I</u>		16. SOCIAL SECURITY NO.		17. INFORMANT <u>Eva Ward, 159 Church St</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		IMMEDIATE CAUSE (a) <u>Infarction of myocardium</u>		INTERVAL BETWEEN ONSET AND DEATH <u>11 days</u>	
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 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 <u>6:15</u> a.m. p.m.	Month, Day, Year <u>12-8-58</u>		20f. CITY, TOWN, OR LOCATION <u>Bonne Terre, Missouri</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		COUNTY STATE	
21. I attended the deceased from <u>12-8-58</u> to <u>9-28-64</u> and last saw him alive on <u>9-28-64</u>		Death occurred at <u>6:15 PM</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>[Signature]</u> (Degree or title)		22b. ADDRESS <u>Bonne Terre, Missouri</u>		22c. DATE SIGNED <u>9-30-64</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Oct 1, 1964</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St Francois Mem. Pk.</u>		23d. LOCATION (City, town, or county) (State) <u>Bonne Terre, Mo.</u>	
24. FUNERAL DIRECTOR <u>C.Z. Boyer & Son, Bonne Terre, Mo.</u>		ADDRESS		25. DATE RECD. BY LOCAL REG. <u>Sept. 30, 1964</u>	
				26. REGISTRAR'S SIGNATURE <u>[Signature]</u>	

USE BLACK INK OR TYPEWRITER RIBBON

NOV 1964

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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 Burlin T. Boyer, Jr.

Licensed Embalmer No. 5117

P. O. Address Bone, Tenn., 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.