

FILED APR 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 14694

BIRTH NO. _____		REG. DIST. NO. <u>379</u>		PRIMARY REG. DIST. NO. <u>4553</u>		Registrar's No. <u>7</u>			
1. PLACE OF DEATH a. COUNTY <u>WRIGHT</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>WRIGHT</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MANSFIELD</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MANSFIELD</u>		d. STREET ADDRESS (If rural, give location)			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) <u>JASPER</u> b. (Middle) <u>NEWTON</u> c. (Last) <u>WARD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APR 13 1949</u>						
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>OCT-30-1868</u>			
9. AGE (In years last birthday) <u>80</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, given if retired) <u>FAKERY-RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN FARM</u>		11. BIRTHPLACE (State or foreign country) <u>NATVILLE MO.</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>MAXION WARD</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARET L. NEWTON</u>		14. NAME OF HUSBAND OR WIFE <u>THULA OGLE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Robert A Ward</u>		ADDRESS <u>Seymour Mo.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thromb</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 yr</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>L201</u>				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. /	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. 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)		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 <u>8-7</u> , 19 <u>47</u> , to <u>Apr 16</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>3-5</u> , 19 <u>49</u> , and that death occurred at <u>5 P. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>J. J. Faxon</u> (Degree or title) <u>2nd rd</u>				23b. ADDRESS <u>Mansfield Mo</u>		23c. DATE SIGNED <u>4-16-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>APRIL</u>		24c. NAME OF CEMETERY OR CREMATORY <u>NEWTON CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>WRIGHT COUNTY Missouri</u>			
DATE REC'D BY LOCAL REG. <u>4-16-49</u>		REGISTRAR'S SIGNATURE <u>Hand Stone - Dept. 584</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. Steffe</u>		ADDRESS <u>MANSFIELD MO.</u>			

RECEIVED

District Health Officer No. 6,

District File Number 449-462

Date Filed 4-19-49

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.

Signed _____

J. A. Steffe

Signed _____
Student Embalmer

Licensed Embalmer No. 3221

P. O. Address _____

Mansfield 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 this body is not embalmed, fact should be so stated above.