

FILED SEP 3 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27476

BIRTH NO. _____		REG. DIST. NO. <u>229</u>		PRIMARY REG. DIST. NO. <u>5809</u>		Registrar's No. <u>9</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.)			
a. COUNTY <b>Montgomery</b>		b. CITY (If outside corporate limits, write RURAL and give town or township) <b>Rural</b>		a. STATE <b>Missouri</b>		b. COUNTY <b>Montgomery</b>	
c. LENGTH OF STAY (In this place) <b>48</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Danville tns</b>		d. STREET ADDRESS <b>none</b>		e. CITY (If outside corporate limits, write RURAL and give township) <b>10 D</b>	
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH		5. AGE (In years last birthday)	
a. (First) <b>George</b>		b. (Middle) <b>Walden</b>		c. (Last) <b>Ward</b>		6. (Month) (Day) (Year) <b>Aug 3 1949</b>	
7. SEX <b>M</b>		8. COLOR OR RACE <b>W</b>		9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>W</b>		10. DATE OF BIRTH <b>I-7-1872</b>	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		12. KIND OF BUSINESS OR INDUSTRY		13. BIRTHPLACE (State or foreign country) <b>West Virginia</b>		14. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>	
15a. FATHER'S NAME <b>Adam Ward</b>			15b. MOTHER'S MAIDEN NAME <b>Louisa Slept</b>			15c. NAME OF HUSBAND OR WIFE <b>Nancy "Zumwalt" Ward</b>	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		17. SOCIAL SECURITY NO. <b>no</b>		18. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Edgar Ward Mineola Mo</b>			
19. CAUSE OF DEATH				20. MEDICAL CERTIFICATION			
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.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>			
				ANTECEDENT CAUSES - Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____			
				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 checked="" 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) <b>DANVILLE - Danville Montgomery Mo</b>			
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>3 Aug 49</u> , to _____; 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>7 P. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>James C. Helm</b>				23b. ADDRESS <b>Montgomery City Mo</b>		23c. DATE SIGNED <b>4 Aug 49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Aug 5-1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Montgomery City Cem</b>		24d. LOCATION (City, town, or county) (State) <b>Montgomery City Mo</b>	
DATE REC'D BY LOCAL REG. <b>8-2-49</b>		REGISTRAR'S SIGNATURE <b>James C. Helm</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>C.W. HOPKINS MONTGOMERY CITY MO</b>			

RECEIVED  
SEP 2 1949  
District Health Officer No. 9,  
District File Number

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 \_\_\_\_\_ on the \_\_\_\_\_ day of August 1949 \_\_\_\_\_ working under my personal supervision.

Student Embalmer No. \_\_\_\_\_



Signed \_\_\_\_\_ C. W. Hopkins

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 1487

P. O. Address Montgomery City 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.