

S. No. 300
V. 10.48

FILED NOV 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36323

State File No. 10-10-49

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 272

1. PLACE OF DEATH a. COUNTY <u>BOONE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CHARITON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>COLUMBIA</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SALISBURY</u>	
c. LENGTH OF STAY (in this place) <u>4 DAYS</u>		d. STREET ADDRESS (If rural, give location) <u>ROUTE # 2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ELLIS FISCHEL STATE CANCER HOSP.</u>		d. STREET ADDRESS (If rural, give location) <u>ROUTE # 2</u>	
3. NAME OF DECEASED a. (First) <u>ARTHUR</u> b. (Middle) <u>EVAN</u> c. (Last) <u>WARD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-8-49</u>
5. SEX <u>M O W</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED-NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>8-2-74</u>
9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>6</u>	IF UNDER 1 MRS. Hours <u>—</u> Mins. <u>—</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AGRICULTURE</u>	
11. BIRTHPLACE (State or foreign country) <u>KENTUCKY</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>MILTON WARD</u>		13b. MOTHER'S MAIDEN NAME <u>Angela Tichels</u>	
14. NAME OF HUSBAND OR WIFE <u>VIOLA WARD</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u>		16. SOCIAL SECURITY NO. <u>—</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Record</u>		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>11 days</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Adenocarcinoma of prostate</u>			<u>2 yrs. 4 mos</u>
DUE TO (c) <u>Acute urinary retention</u>			<u>177X</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>11 days</u>
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" 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) (Minute)		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>10-28</u> , 19 <u>49</u> , to <u>11-8</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>11-8</u> , 19 <u>49</u> , and that death occurred at <u>1:50</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Geo. Pallock, M.D.</u>		23b. ADDRESS <u>Ellis Fischel State Cancer Hosp.</u>	
23c. DATE SIGNED <u>11-8-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov 10-1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Salisbury</u>		24d. LOCATION (City, town, or county) (State) <u>Mo</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 8 1949</u>		REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>C. W. Michelmyer</u>		ADDRESS <u>Salisbury Mo</u>	

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

10
2
4

RECEIVED
NOV 15 1919
District Health Officer No. 9,
District File Number

Miss Palmer
500 1/2 E. 10th
5194

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 _____
Student Embalmer

Signed Chas B Winkelmeyer
Licensed Embalmer No. 3842

P. O. Address Salisbury, 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.