

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**FILED MAR 27 1950**

**9477**

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 3036 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <u>LAWRENCE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>LAWRENCE</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>AURORA</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>AURORA</u> <u>0551</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Aurora Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>128 W High</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Leslie</u> b. (Middle) <u>David</u> c. (Last) <u>WARD</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MAR 9, 1950</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>1)</u>	8. DATE OF BIRTH <u>JUNE 22, 1891</u>	9. AGE (In years last birthday) <u>58</u> Months <u>8</u> Days <u>17</u>	IF UNDER 14 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mixer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>retired</u>	11. BIRTHPLACE (State or foreign country) <u>Henry County, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Fritz K Ward</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy Neptune</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>494-18-4515</u>	17. INFORMANT'S SIGNATURE OR NAME <u>James Miller</u>	ADDRESS <u>Laura Mo</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Exsanguination</u>		INTERVAL BETWEEN ONSET AND DEATH <u>25 hrs</u> <u>15 yrs</u> <u>10 yrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Excavations of both wrists</u> <u>Ischemic aortitis</u> <u>Aneurysm</u> DUE TO (c) <u>Chr. Arteriosclerosis</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Emphysema</u>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Ryhy Rest Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Wetmore, Lawrence, Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Mar 8, 1950 1:15 P.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Self inflicted</u>
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22. I hereby certify that I attended the deceased from Feb 4, 1950, to 3/8, 1950, that I last saw the deceased alive on 3/8, 1950, and that death occurred at 2:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Denneth Glover MD</u>	23b. ADDRESS <u>Wetmore, Mo</u>	23c. DATE SIGNED <u>3/14/50</u>
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24a. FUNERAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-11-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maple Park</u>	24d. LOCATION (City, town, or county) (State) <u>Aurora Mo</u>
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DATE REC'D BY LOCAL REG. <u>Mar 16 50</u>	REGISTRAR'S SIGNATURE <u>Oran Mc Natt</u> 157	25. FUNERAL DIRECTOR'S SIGNATURE <u>Oran L. Mark</u>	ADDRESS <u>Laura</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48  
550

RECEIVED MAR 20 1950  
District Health Office No. 6,

District File Number 350-342  
Date Filed 3-20-50

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 \_\_\_\_\_

*myself*

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Dean J. Marsh*

Licensed Embalmer No. 3812

P. O. Address Corona

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.