

No. 300  
10-48  
123  
FILED OCT 19 1950

## STANDARD CERTIFICATE OF DEATH

State File No. 32767

|  |                                  |   |  |  |  |  |  |
|--|----------------------------------|---|--|--|--|--|--|
| BIRTH NO. _____  |                                  | REG. DIST. NO. <u>43</u>  |  | PRIMARY REG. DIST. NO. <u>3007</u>   |  | Registrar's No. <u>403</u>   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Butler</u>   |                                  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY <u>Butler</u> |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u>   |                                  |   |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u>                                     |  |  |  |
| c. LENGTH OF STAY (in this place)  |                                  |   |  | d. STREET ADDRESS (If rural, give location) <u>115 North D. St.</u>  |  |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lucy Lee Hosp.</u>  |                                  |   |  |  |  |  |  |
| 3. NAME OF DECEASED (Type or Print)  |                                  | a. (First) <u>RAYMOND</u>   |  | b. (Middle) <u>R</u>   |  | c. (Last) <u>WARD</u>  |  |
| 4. DATE OF DEATH   |                                  | (Month) <u>Oct.</u>   |  | (Day) <u>8</u>   |  | (Year) <u>1950</u>   |  |
| 5. SEX <u>0</u><br><u>Male</u>   | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Married</u>  |  | 8. DATE OF BIRTH<br><u>Sept. 7, 1907</u>   |  | 9. AGE (In years last birthday) <u>43</u>                                  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Service Mechanic</u>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Montgomery-Ward</u>   |  | 11. BIRTHPLACE (State or foreign country)<br><u>Butler County, Mo.</u>   |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U</u>                                   |  |
| 13a. FATHER'S NAME<br><u>John Ward</u>   |                                  | 13b. MOTHER'S MAIDEN NAME<br><u>Maude Adams Ward</u>  |  | 14. NAME OF HUSBAND OR WIFE<br><u>Julia Ward</u>   |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)<br><u>No.</u>  |                                  | 16. SOCIAL SECURITY NO.<br><u>498 10 1021</u>   |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Julia Ward....Poplar Bluff, Mo.</u>  |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.            |                                  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Posterior Miocardial Infarction</u>  |  |  |  | INTERVAL BETWEEN ONSET AND DEATH   |  |
|  |                                  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving DUE TO (b) _____<br>rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (c) _____ |  |  |  |  |  |
|  |                                  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.                               |  |  |  | <u>4201</u>  |  |
| 19a. DATE OF OPERATION   |                                  | 19b. MAJOR FINDINGS OF OPERATION  |  |  |  | 20. AUTOPSY?<br>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) (Min.)   |                                  | 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>10/8/50</u> to <u>10/8/50</u> , that I last saw the deceased alive on <u>10/8/50</u> , and that death occurred at <u>2:45P</u> m., from the causes and on the date stated above. |                                  |   |  |  |  |  |  |
| 23a. SIGNATURE (Degree or title)<br><u>J.W. McPheters</u> M. D.  |                                  |   |  | 23b. ADDRESS<br><u>Poplar Bluff, Mo.</u>   |  | 23c. DATE SIGNED<br><u>10/13/50</u>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   |                                  | 24b. DATE<br><u>10/10/50</u>  |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Sparkman</u>  |  | 24d. LOCATION (City, town, or county) (State)<br><u>Butler County, Mo.</u> |  |
| DATE REC'D BY LOCAL REG.<br><u>Oct 14-1950</u>   |                                  | REGISTRAR'S SIGNATURE<br><u>Wm. H. Johnson</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>FRANK*COTRELL....Poplar Bluff, Mo.</u>  |  |  |  |

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

RECEIVED  
OCT 17 1950

BUTLER CO. HEALTH CENTER

FILE No. 1050427

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed

*George A. Kerbel*

Licensed Embalmer No. 4752

P. O. Address Poplar Bluff, 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.