

5. No. 300
v. 10.48

FILED NOV 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35839

State File No.

BIRTH NO. _____ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 6079 Registrar's No. 79

0950

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

1. PLACE OF DEATH a. COUNTY <u>STE. Genevieve</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>STE. Genevieve</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>STE Genevieve Twp.</u>		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LITTLE ROCK ROAD</u>		d. STREET ADDRESS (If rural, give location) <u>LITTLE ROCK ROAD</u>	

3. NAME OF DECEASED (Type or Print) <u>CAMILLE ELIZABETH WARD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>OUT 27 50</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>NEGRO COLORED</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED 2</u>	
8. DATE OF BIRTH <u>APRIL 10 1884</u>		9. AGE (in years last birthday) <u>66</u>		10. IF UNDER 1 YEAR Days _____ IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWORK</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>STE. MARY'S MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME _____		13b. MOTHER'S MAIDEN NAME <u>HATTIE MACK</u>		14. NAME OF HUSBAND OR WIFE <u>AUGUST WARD</u>	
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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>Harry Dean Jacobs</u> ADDRESS <u>3700 Cook St. Hannibal</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>4 months</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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Cirrrosis of Liver</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) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>5810</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) _____		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 June 16, 1950 to Oct 27, 1950, that I last saw the deceased alive on Oct 27, 1950, and that death occurred at 1236 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Arthur S. Spencer M.D.</u>		23b. ADDRESS <u>STE. Genevieve Mo</u>		23c. DATE SIGNED <u>Oct 28/50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>10/30/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valle' Spring Cem</u>		24d. LOCATION (City, town, or county) (State) <u>STE. Genevieve Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>Nov 2, 1950</u>		REGISTRAR'S SIGNATURE <u>Geneva M. Karl</u>		350 25. FUNERAL DIRECTOR'S SIGNATURE <u>Lea C. Dudley</u> ADDRESS <u>Ste Genevieve Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

FILE NO. _____
DISTRICT HEALTH OFFICE NO. 4

NOV - 9 1950

RECEIVED

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 Adrian J. Eller

Licensed Embalmer No. 4740

P. O. Address St. Genevieve 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.