

FILED MAY 5 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13721

State File No.

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6074 Registrar's No. 146

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Desloge, Randolph Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Desloge	
c. LENGTH OF STAY (in this place) 65 yrs.		d. STREET ADDRESS (If rural, give location) Hyway 32 Desloge, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Hyway 32 Desloge.			

3. NAME OF DECEASED (Type or Print)	a. (First) James	b. (Middle) N.	c. (Last) Ward	4. DATE OF DEATH (Month) (Day) (Year) April 16 1951
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH February 20, 1862	9. AGE (In years last birthday) 89	10. UNDER 1 YEAR Months 1 Days 26	11. UNDER 2 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Blacksmith	10b. KIND OF BUSINESS OR INDUSTRY National Lead	11. BIRTHPLACE (State or foreign country) Near Farmington, Mo.	12. CITIZEN OF WHAT COUNTRY? U S
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13a. FATHER'S NAME Morris Ward	13b. MOTHER'S MAIDEN NAME Sarah White	14. NAME OF HUSBAND OR WIFE Lillie Carter Ward
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Lillie Ward Desloge, Missouri	ADDRESS Missouri
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ARTERIO SCLEROTIC CARDIOVASCULAR DISEASE		INTERVAL BETWEEN ONSET AND DEATH unknown
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Disease		
	DUE TO (c) Acute cystitis		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.		2 wks.	

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)
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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?
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22. I hereby certify that I attended the deceased from Sept., 1945, to April 6, 1951, that I last saw the deceased alive on April 16, 1951, and that death occurred at 11:10 p.m., from the causes and on the date stated above.

23a. SIGNATURE J. L. Foster M.D. (Degree or title)	23b. ADDRESS Desloge, Mo.	23c. DATE SIGNED 4-10-51 (State) Mo.
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/19/51	24c. NAME OF CEMETERY OR CREMATORY Parkview Cemetery	24d. LOCATION (City, town, or county) Farmington, Missouri
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DATE REC'D BY LOCAL REG. Apr 19 1951	REGISTRAR'S SIGNATURE E. R. Rudloff	25. FUNERAL DIRECTOR'S SIGNATURE C. Z. Boyer & Son	ADDRESS Desloge, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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DISTRICT HEALTH OFFICE NO. 4

APR 30 1951

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 B. T. Dyer

Licensed Embalmer No. 3660

P. O. Address Desloge 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.