

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31005**

*Dr. A. H. Schaefer*  
75  
FILED OCT. 10 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **267** PRIMARY REG. DIST. NO. **3049** Registrar's No. **103**

1. PLACE OF DEATH a. COUNTY <b>Demarest</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Demarest</b>	
b. CITY OR TOWN <b>Hayti</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hayti</b>	
c. LENGTH OF STAY (In this place) <b>5 yrs</b>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <b>George</b> b. (Middle) <b>Ward</b> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>9-30-51</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>Col</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Ohlona Miss!</b>	
12. CITIZEN OF WHAT COUNTRY <b>USA</b>					

13a. FATHER'S NAME <b>Bill Wood</b>		13b. MOTHER'S MAIDEN NAME <b>Letha Wood</b>		14. NAME OF HUSBAND OR WIFE <b>Betty Ward</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Betty Ward Hayti Mo</b>	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral apoplexy -</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 Days</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Left Hemiplegia</b>			
		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>334X</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 **9-27-1951**, to **9-30, 1951**, that I last saw the deceased alive on **9-29-1951**, and that death occurred at **9:00 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>A. H. Schaefer M.D.</b>		23b. ADDRESS <b>Shirley Clinic Hayti Mo</b>		23c. DATE SIGNED <b>10-3-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>10-3-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Holly Grove</b>	
24d. LOCATION (City, town, or county) (State) <b>Steel Mo</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>John W. Herman</b>		ADDRESS <b>Herman &amp; Co Steel Mo</b>	
DATE REC'D BY LOCAL REG. <b>10-5-51</b>		REGISTRAR'S SIGNATURE <b>John W. Herman</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

10-51-253

Rec. OCT 9 1951

S. B. Beecher, M. D.,  
Pemiscot County Health Department,  
Caruthersville, Missouri

OCT 25 1951

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.....

*John W. German*

Signed.....

Student Embalmer

Licensed Embalmer No. *4355*

P. O. Address *Hoyt, 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.