

FILED NOV 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38390**

BIRTH NO. _____ REG. DIST. NO. **276** PRIMARY REG. DIST. NO. **5945** Registrar's No. **61**

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) Rural - N. Dillon		c. CITY (If outside corporate limits, write RURAL and give township) 0871	
c. LENGTH OF STAY (In this place) 8 mo		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Ferndale Nursing Home			
3. NAME OF DECEASED (Type or Print) a. (First) John		b. (Middle) A.	
c. (Last) Ward		4. DATE OF DEATH (Month) (Day) (Year) 11-2-1951	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 4-5-1883
9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 11 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) 9
12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME Clay Ward	
13b. MOTHER'S MAIDEN NAME Lucinda Hawkins		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME Ferndale Nursing Home		ADDRESS St. James Mo	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Nephritis	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 3 yrs	
DUE TO (b) Hypertension		4 yrs	
DUE TO (c) Arteriosclerosis		4 yrs	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus		4 yrs	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION MI		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) 446X	
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 July 12, 1951 , to Nov 2, 1951 , that I last saw the deceased alive on Oct 30, 1951 , and that death occurred at 6:15 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE Coffman, M.C. (Degree or title)		23b. ADDRESS St. James Mo.	
23c. DATE SIGNED _____		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 11-4-51		24c. NAME OF CEMETERY OR CREMATORY Mathews Cem.	
24d. LOCATION (City, town, or county) (State) Mathews, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE W.H. L. L. L. L.	
DATE REC'D BY LOCAL REG 11-24-51		REGISTRAR'S SIGNATURE Cora E. Birmingham	
25. FUNERAL DIRECTOR'S ADDRESS W.H. L. L. L. L.		ADDRESS _____	

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

0871
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Nov. 28, 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 _____

Me, Student Embalmer No. *3171*

working under my personal supervision.

Student
Student Embalmer

Signed *[Signature]*

Licensed Embalmer No.

P. O. Address

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.