

No. 300 FILED JAN 10 1952 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH 1003 State File No. 43413

318

11234

11234

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

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY #030					
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (In this place) 9		c. CITY (If outside corporate limits, write RURAL and give township) Advance		/			
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL				d. STREET ADDRESS (If rural, give location) Rural Route					
3. NAME OF DECEASED (Type or Print) a. (First) James		b. (Middle)		c. (Last) Ward		4. DATE OF DEATH (Month) (Day) (Year) Dec 16 '51			
5. SEX male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) married		8. DATE OF BIRTH Oct. 2, 1875			
9. AGE (In years last birthday) 76		IF UNDER 1 YEAR Months Days		IF UNDER 24 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) Wayne County, Mo. O			
12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME Charles Ward		13b. MOTHER'S MAIDEN NAME unknown Skelton		14. NAME OF HUSBAND OR WIFE Cora. E. Ward		
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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Cora Ward, Advance, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Thrombosis of cerebral artery ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive cardiovascular disease						INTERVAL BETWEEN ONSET AND DEATH 14 Days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" 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? 332X					
22. I hereby certify that I attended the deceased from 12-8, 1951, to 12-16, 1951, that I last saw the deceased alive on 12-16, 1951, and that death occurred at 3:50 A.M., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) C. Q. Vermillion M.D.				23b. ADDRESS BARNES HOSPITAL		23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) Reburial		24b. DATE 12-16-51		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Advance Mo.			
DATE REC'D BY LOCAL REG. DEC 19 1951		REGISTRAR'S SIGNATURE Clair Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS MORGAN F.N. Advance Mo					

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *David Hoffman*

Licensed Embalmer No. *4366*

P. O. Address *Steuers*

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.