

## STANDARD CERTIFICATE OF DEATH

3789

State File No. ....

FILED FEB 14 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 368 PRIMARY REG. DIST. NO. 6247 Registrar's No. ....

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

1. PLACE OF DEATH a. COUNTY <b>Washington</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Washington</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Potosi Rt 1 Richwoods</b>		c. LENGTH OF STAY (in this place) <b>Life</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <b>1100 0</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Patrick</b>		b. (Middle) <b>Henry</b>	
c. (Last) <b>Ward</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>2 2 1952</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <b>Never married</b>	8. DATE OF BIRTH <b>10-12-1866</b>
9. AGE (In years last birthday) <b>85</b>		IF UNDER 1 YEAR Months <b>3</b> Days <b>20</b>	IF UNDER 24 HRS. Hours <b>20</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own farm</b>	11. BIRTHPLACE (State or foreign country) <b>Potosi, Rt 1 Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Micheal Ward</b>	
13b. MOTHER'S MARDEN NAME <b>Erudgent Flynn</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Miss Lucy Ward</b>		ADDRESS <b>5071page, St. LOUIS, 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>Coronary Thrombosis</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Arterio Sclerosis</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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>4201</b>	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>1020 Pm.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>H. H. Russell</b>		23b. ADDRESS <b>Potosi, Mo.</b>	
23c. DATE SIGNED <b>2/4/59</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>2-5-1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Joachims Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Old Mines, Mo.</b>
DATE REC'D BY LOCAL REG. <b>2/4 1952</b>	REGISTRAR'S SIGNATURE <b>May J Long</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>SMITH &amp; HIGGINBOTHAM, PH. POTOSI, MO</b>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

FEB 12 1951

WASH. COUNTY HEALTH DEPT.

File No. 252-285

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 Mary M. Smith

Licensed Embalmer No. 4394

P. O. Address Potosi, 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.