

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

John 7115
 State File No.

FILED MAR 6 1952

BIRTH NO. _____ REG. DIST. NO. 370 PRIMARY REG. DIST. NO. 6255 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <i>Wayne</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Wayne</i>	
b. CITY OR TOWN <i>Clubb</i>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <i>Clubb</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <i>1110</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>PEARL</i> b. (Middle) <i>LESLIE</i> c. (Last) <i>WARD</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>FEB. 28, 1952</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Apr. 18, 1890</i>	9. AGE (In years last birthday) <i>61</i>	10. IF UNDER 1 YEAR Months <i>10</i> Days <i>10</i>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farming</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Farm</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Clubb, Mo.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Henderson Ward</i>	13b. MOTHER'S MAIDEN NAME <i>Harriet Rudick</i>	14. NAME OF HUSBAND OR WIFE <i>Florence Elsie Edmunds</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Florence Ward Clubb Mo</i>

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>CORONARY THROMBOSIS</i>		
	ANTECEDENT CAUSES DUE TO (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"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Clubb Wayne Mo</i>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>Feb. 28, 1952 6:30 AM</i>	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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Ann K. Bowler Craner</i>	23b. ADDRESS <i>Bedmont, Mo</i>	23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24b. DATE <i>3/2/52</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Christian Cem</i>
24d. LOCATION (City, town, or county) (State) <i>Independence Mo.</i>		

DATE REC'D BY LOCAL REG. <i>Mar 5th 52</i>	REGISTRAR'S SIGNATURE <i>Mabel Beasley</i>	341	25. FUNERAL DIRECTOR'S SIGNATURE I ADDRESS <i>515th FANEKAL HOME</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

1110

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RECEIVED

MAR 6 1952

WAYNE CO. HEALTH CENTER

FILE No. _____

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. _____

working under my personal supervision.

Student

Student Embalmer

Signed *Harvey E. Bowler*

Licensed Embalmer No. *4426*

P. O. Address *Piedmont, 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.