No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17190

FILED JUN 4 1952 BIRTH NO. REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 4306 Registrar's No. 41

1600

1. PLACE OF DEATH
a. COUNTY McDonald
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Goodman
c. LENGTH OF STAY (in this place) 2 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY McDonald
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Goodman 0600
d. STREET ADDRESS (If rural, give location) Home

3. NAME OF DECEASED (Type or Print)
a. (First) OSCAR
b. (Middle)
c. (Last) WARD

4. DATE OF DEATH (Month) (Day) (Year) May 18, 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH April 1, 1880
9. AGE (In years last birthday) 72 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) Ret. Farmer
10b. KIND OF BUSINESS OR INDUSTRY Own Farm
11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Bob Ward
13b. MOTHER'S MAIDEN NAME Sarah Harris
14. NAME OF HUSBAND OR WIFE Celia Reese Ward

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Celia Ward, Goodman, Missouri

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) Myocardial insufficiency + Chronic Nephritis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Prostatitis complicated with Chronic Cystitis

DUE TO (c) Arthritis + senility

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Arthritis deformans

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 592X
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 10, 1948, *to* May 18, 1952, *that I last saw the deceased alive on* May 18, 1952, *and that death occurred at* 1:25 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE Harold E. Ward (Degree or title) D.O.
23b. ADDRESS Goodman, Mo.
23c. DATE SIGNED 5/20/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE May 20, 1952
24c. NAME OF CEMETERY OR CREMATORY Howard Cemetery
24d. LOCATION (City, town, or county) (State) Goodman, Missouri

DATE REC'D BY LOCAL REG. 5-24-52
REGISTRAR'S SIGNATURE Mayme Humphrey 42 3-0
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John B. Papineau Goodman, Missouri

(Licensed Embalmer's Statement on Reverse Side)

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

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 John B. Papineau

Licensed Embalmer No. 4446

P. O. Address Goodman, Me

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.