

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19082

State File No. \_\_\_\_\_

No. 300  
10-48

MAY 28 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 3075 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dexter</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dexter</u>	
c. LENGTH OF STAY (in this place) <u>67 yr.</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED a. (First) <u>Henry</u>		b. (Middle) <u>Curtis</u>	
c. (Last) <u>Ward</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 20, 1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>May 13, 1881</u>
9. AGE (In years last birthday) <u>71</u>		10. AGE (In years) IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Grocery Store</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Hardin Co. Ky.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry C. Ward</u>		13b. MOTHER'S MAIDEN NAME <u>Lecrisia Hardison</u>	
14. NAME OF HUSBAND OR WIFE <u>Myrtle Ward</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>X X</u>		16. SOCIAL SECURITY NO. <u>X X X</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. H. C. Ward</u>		ADDRESS <u>Dexter, Mo.</u>	
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) <u>Malnutrition</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Multiple Adhesions (Perit)</u> DUE TO (c) <u>Operative &amp; Sclerotic of abdominal vessels</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>abdominal vessels</u>	
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) m.		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 <u>April 1951</u> , to <u>May 20, 1952</u> , that I last saw the deceased alive on <u>May 20, 1952</u> and that death occurred at <u>10 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>S. S. Davis m.d.</u> (Degree or title)		23b. ADDRESS <u>Dexter Mo</u>	
23c. DATE SIGNED <u>5/24/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-29-52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Dexter cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Dexter, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5/24/52</u>		REGISTRAR'S SIGNATURE <u>Walter V. Jenkins</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Watkins Funeral Ser.</u>		ADDRESS <u>Dexter, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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**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 Walter Mark Walker

Licensed Embalmer No. 4717

P. O. Address Dexter, 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.