

STANDARD CERTIFICATE OF DEATH

34328

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

FILED OCT 31 1952

BIRTH NO. _____		REG. DIST. NO. <u>13</u>		PRIMARY REG. DIST. NO. <u>3007</u>		Registrar's No. <u>472</u>		
1. PLACE OF DEATH a. COUNTY <u>Butler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Poplar Bluff</u>			c. LENGTH OF STAY (in this place) <u>5 weeks</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Poplar Bluff</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lucy Lee Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>117 E. Harper</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>GROCE</u>			b. (Middle) _____		c. (Last) <u>WARD</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10/18/1952</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>10/20/1893</u>		
9. AGE (In years last birthday) <u>58</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoe Factory</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Maintenance</u>		9. AGE (In years) IF UNDER 1 YEAR IF UNDER 6 Wks. Months Days Hours Min.		
11. BIRTHPLACE (State or foreign country) <u>McClain Co. Ky.</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				
13a. FATHER'S NAME <u>John H. Ward</u>			13b. MOTHER'S MAIDEN NAME <u>Lula Fireline</u>		14. NAME OF HUSBAND OR WIFE <u>Minnie Ward</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>487-20-4310</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Minnie Ward Poplar Bluff, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bile Peritonitis due to ruptured Gall Bladder</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>						INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>14 days</u>
19a. DATE OF OPERATION <u>10/4/52</u>		19b. MAJOR FINDINGS OF OPERATION <u>Ruptured Gall Bladder, Gall Stones</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Poplar Bluff, Butler Mo.</u>		21. HOW DID INJURY OCCUR <u>584X</u>		
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 <u>Sept. 28, 1952</u> , to <u>Oct. 18, 1952</u> , that I last saw the deceased alive on <u>Oct. 18, 1952</u> , and that death occurred at <u>7:40P m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>J. W. McShorter, Jr.</u>				23b. ADDRESS <u>MD 7 Poplar Bluff, Missouri</u>		23c. DATE SIGNED _____		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/21/1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Poplar Bluff, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>10-21-52</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Greer Croy &amp; Fitch</u>		ADDRESS <u>Poplar Bluff, Mo.</u>		

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

RECEIVED

OCT 30 1952  
BUTLER CO. HEALTH CENTER  
FILE No. 1052-524

DEC 9 1951

NS  
OCT 2 1959

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed James R. Matlock  
Licensed Embalmer No. 4824

P. O. Address Caplan's Bluff, N.Y.

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.