

No. 300  
10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39199**  
REG. DIST. NO. **157** PRIMARY REG. DIST. NO. **5582** Registrar's No. **11211**

**FILED NOV 17 1952**

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

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>			2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Route # 3 (Jackson Twp.)</b>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Jackson</b>		d. STREET ADDRESS (If rural, give location) <b>Carthage, Mo. Route # 3</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Fair Acres</b>					
3. NAME OF DECEASED a. (First) <b>Harold</b> b. (Middle) <b>M.</b> c. (Last) <b>Ward</b>			4. DATE OF DEATH <b>Oct. 31, 1952</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>August 2, 1922</b>	9. AGE (In years last birthday) <b>30</b>	10. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Cleaning &amp; Pressing</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Sarcoxie, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Henry B. Ward</b>		13b. MOTHER'S MAIDEN NAME <b>Ada Shoader</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Claude Taylor, Carthage, Mo.</b> ADDRESS		
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) <b>Syphilis of the Central Nervous System</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>System</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 <b>NONE</b>			19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>NONE</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>NONE</b>		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 <b>June 16, 1952</b> , to <b>Oct 31, 1952</b> , that I last saw the deceased alive on <b>Oct 28, 1952</b> , and that death occurred at <b>10:00 A.M.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>George H. Wood M.D.</b>			23b. ADDRESS <b>Carthage Mo</b>		23c. DATE SIGNED <b>10/31/52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>11-3-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Sarcoxie Cem</b>	24d. LOCATION (City, town, or county) (State) <b>Sarcoxie, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>11-3-52</b>		REGISTRAR'S SIGNATURE <b>L.B. Clinton</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Ulmer Funeral Home, Carthage, Mo.</b> ADDRESS	

(Issued Embalmers' Statement on Reverse Side)

RECEIVED 11-14-52  
Jasper County Health Office

County File Number 52/11/873

Date Filed 11-14-52

**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 William B. Cantrell

Licensed Embalmer No. 4820

P. O. Address Carthage, 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.