

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 27 1953

BIRTH NO. _____		REG. DIST. NO. <u>13</u>		PRIMARY REG. DIST. NO. <u>4026</u>		Registrar's No. <u>7</u>	
1. PLACE OF DEATH a. COUNTY <u>Barry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Purdy</u>		c. LENGTH OF STAY (in this place) <u>10 months</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Purdy</u>		<u>0050</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Bert</u> b. (Middle) <u>Wilkerson</u> c. (Last) <u>Ward</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 20, 1953</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>April 5, 1884</u>	9. AGE (in years last birthday) <u>68</u>	# UNDER 1 YEAR <u>9</u> Days	# UNDER 1 YEAR <u>15</u> Days	# UNDER 1 YEAR Mths.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mine Foreman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mining</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Hamburg, Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Finis Ward</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Brock</u>		14. NAME OF HUSBAND OR WIFE <u>Pearl M. Ward</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Pearl M. Ward Purdy, 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>Tricuspid Stenosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>412 X</u>					
		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 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 WHOLE AT <input type="checkbox"/> NOT WHOLE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 16, 1953</u> , to <u>Jan 20, 1953</u> , that I last saw the deceased alive on <u>Jan 16, 1953</u> , and that death occurred at <u>10:52 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Charles S. Moore M.D.</u> (Degree or title)				23b. ADDRESS <u>Prise City, Mo</u>		23c. DATE SIGNED <u>1/24/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 24, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Purdy Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Purdy Mo.</u>		
DATE REC'D BY LOCAL REG. <u>1-24-53</u>		REGISTRAR'S SIGNATURE <u>Oliver A. Worthington</u> <u>465-</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bennett-Worthington</u> ADDRESS <u>Monett, Mo.</u>			

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

2050
1

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 Gorden Bennett

Licensed Embalmer No. 4213

P. O. Address Monett 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.