

FILED FEB 1 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2789

State File No.

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 306L Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Francois</u>	
b. CITY OR TOWN <u>Flat River</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Flat River</u> <u>0942</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>313 Crane St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mr. Andrew</u> b. (Middle) <u>Nathan</u> c. (Last) <u>Ward</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 22 1953</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White Cau.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	
8. DATE OF BIRTH <u>Sept 12-1864</u>		9. AGE (In years last birthday) <u>88-4-1a</u>		10. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mining</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>National Steels</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>4 miles South of Farmington Mo</u>	

13a. FATHER'S NAME <u>Mr. William Ward</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Landrum</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Agnes M^{rs}. Douce 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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Karl Blum (daughter) 303 Crane St. Flat River, 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>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>20 hrs</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>177X</u>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cancer of Prostate</u>		<u>1 1/2 months or more</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 Sept 25, 1952, to Jan 22, 1953, that I last saw the deceased alive on Jan 21, 1953, and that death occurred at 1:25 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. W. J. W. W.</u>		23b. ADDRESS <u>Flat River Mo</u>		23c. DATE SIGNED <u>1/27/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 25-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>K.P. Cemetery</u>	
		24d. LOCATION (City, town, or county) (State) <u>Farmington Mo</u>			

DATE REC'D BY LOCAL REG. <u>Jan 27 1953</u>		REGISTRAR'S SIGNATURE <u>Ether Reddy</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Alvin W. Hood - 303 Crane St. Flat River Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

1942
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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 Alvin W. Hood

Licensed Embalmer No. 2780

P. O. Address 303 Crane St Flat 2

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.