No. 300
10.48

FILED MAR 13 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8419

BIRTH NO. 12933 REG. DIST. NO. 233 PRIMARY REG. DIST. NO. 3078 Registrar's No. 41

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1. PLACE OF DEATH
a. COUNTY: Scott
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sikeston
c. LENGTH OF STAY (In this place): 20 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mo. Delta Community Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: New Madrid
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Matthews 0720
d. STREET ADDRESS (If rural, give location): /

3. NAME OF DECEASED (Type or Print)
a. (First): Barbara
b. (Middle): Ann
c. (Last): Ward

4. DATE OF DEATH (Month) (Day) (Year): 2-23-1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Baby 0
8. DATE OF BIRTH: 2-3-1953
9. AGE (In years last birthday): —; If under 1 year: Months —; Days 20; If under 24 hrs.: Hours; Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Baby
10b. KIND OF BUSINESS OR INDUSTRY: Baby
11. BIRTHPLACE (State or foreign country): Sikeston, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Ben J. Ward
13b. MOTHER'S MAIDEN NAME: Alice E. Dunning
14. NAME OF HUSBAND OR WIFE: —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Ben J. Ward
ADDRESS: Matthews, Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): BRONCHOPNEUMONIA — INTERVAL BETWEEN ONSET AND DEATH: 48 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. PREMATURITY 7635

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

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): Sikeston (COUNTY): Scott (STATE): Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* 2-3, 1953, *to* 2-23, 1953, *that I last saw the deceased alive on* 2-22, 1953, *and that death occurred at* 5:10 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: Andrew B. Smith (Degree or title) M.D.
23b. ADDRESS: Sikeston Mo
23c. DATE SIGNED: 2 Feb 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-23-53
24c. NAME OF CEMETERY OR CREMATORY: City Cemetery
24d. LOCATION (City, town, or county) (State): Sikeston Mo

DATE REC'D BY LOCAL REG.: 3-6-53
REGISTRAR'S SIGNATURE: Mrs Ella Hunter
25. FUNERAL DIRECTOR'S SIGNATURE: Harry Jones
ADDRESS: Sikeston Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAR 9 1953
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 35-3-65

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 Not Embalmed working under my personal supervision.

Student Embalmer No.....

Signed John Allerton

Signed.....
Student Embalmer

Licensed Embalmer No. 2944

P. O. Address Davenport Iowa

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.