

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17433

State File No.

FILED MAY 18 1953

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3015

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Clinton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cameron</u>		c. LENGTH OF STAY (In this place) <u>45 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Cameron</u>		0251	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cameron County Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>723 E. 3rd St.</u>			
3. NAME OF DECEASED (Type or Print) <u>Belle</u>		a. (First)		b. (Middle) <u>S.</u>		c. (Last) <u>WARD.</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>May 3 1953</u>		5. SEX <u>Female</u>		6. COLOR OF RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Feb. 28-1881</u>		9. AGE (In years last birthday) <u>72</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Monticello - Ky.</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>		13a. FATHER'S NAME <u>Thomas Sloan</u>		13b. MOTHER'S MAIDEN NAME <u>Polly Hurt</u>	
14. NAME OF HUSBAND OR WIFE <u>Passius M. Ward</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>194-34-8919B</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Passius M. Ward</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.		18. CAUSE OF DEATH MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>chronic myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized Hypertrophy, Arteritis, Intestinal adhesions</u>				INTERVAL BETWEEN ONSET AND DEATH <u>15 years</u> <u>15 years</u> <u>20 years</u> <u>6 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4221</u>				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) _____		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>10-20</u> , 19 <u>49</u> , to <u>5-3</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>5-2</u> , 19 <u>53</u> , and that death occurred at <u>8:45 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>H. Wetherston</u>				23b. ADDRESS <u>Cameron Mo</u>		23c. DATE SIGNED <u>5-5-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>May 5-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>McDaniel Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Cameron MO</u>	
DATE REC'D BY LOCAL REG. <u>5-16-53</u>		REGISTRAR'S SIGNATURE <u>Winifred W. Moser</u>		390-0		25. FUNERAL DIRECTOR'S SIGNATURE <u>De Moss</u>	
						ADDRESS <u>Cameron Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 9 1950

VS AUG 9 1950

MS AUG 9 1950

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 *James G. Hunt*

Licensed Embalmer No. 2533

P. O. Address *Compton, Va*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.