

FILED MAY 22 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18458

State File No. 031537

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 101

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jasper</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Mo</u> b. COUNTY <u>Lawrence</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carthage Mo</u>   |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural Lawrence co</u>                                 |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>923 Ornerst</u>  |  | d. STREET ADDRESS (If rural, give location) <u>6mi W Miller Mo</u>  |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Mittie</u> b. (Middle) <u>Florence</u> c. (Last) <u>Ward</u>   |  |   | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 15 1953</u>                           |
| 5. SEX <u>F</u>   | 6. COLOR OR RACE <u>W</u>  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>  | 8. DATE OF BIRTH <u>Jan. 31, 1883</u>  |
| 9. AGE (In years last birthday) <u>70</u>   |  | 10. MONTHS <u>3</u>   | 11. DAYS <u>12</u>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired</u>  |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>school teacher</u>   | 11. BIRTHPLACE (State or foreign country) <u>Lawrence Co Mo</u>                    |
| 12. CITIZEN OF WHAT COUNTRY? <u>usa</u>   |  | 13a. FATHER'S NAME <u>Thomas J Ward</u>   |  |
| 13b. MOTHER'S MAIDEN NAME <u>Mary N Ward</u>  |  | 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) <u>no</u>  |  | 16. SOCIAL SECURITY NO. <u>none</u>   | 17. INFORMANT'S SIGNATURE OR NAME <u>A. B. Ward</u> ADDRESS <u>Lockwood Mo rtl</u> |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  |  | MEDICAL CERTIFICATION   |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocarditis Chronic</u>   |  | INTERVAL BETWEEN ONSET AND DEATH _____  |  |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  |  | ANTECEDENT CAUSES   |  |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  |  | DUE TO (b) <u>interstitial</u> <u>2 yrs</u>   |  |
| DUE TO (c) <u>arteriosclerosis</u>  |  | DUE TO (c) <u>Senile Dementia</u> <u>10 yrs</u>   |  |
| II. OTHER SIGNIFICANT CONDITIONS  |  | Conditions contributing to the death but not related to the disease or condition causing death.                                       |  |
| 19a. DATE OF OPERATION <u>none</u>  | 19b. MAJOR FINDINGS OF OPERATION _____   |   | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>  | 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.) <u>none</u>                   |
| 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>Apr</u> , 19 <u>37</u> , to <u>May 15</u> , 19 <u>53</u> that I last saw the deceased alive on <u>May 14</u> , 19 <u>53</u> , and that death occurred at <u>6:00 a.m.</u> , from the causes and on the date stated above. |  |   |  |
| 23a. SIGNATURE (Degree or title) <u>George H. Wood M.D.</u>   |  | 23b. ADDRESS <u>Carthage Mo</u>   | 23c. DATE SIGNED <u>5/15/53</u>  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   | 24b. DATE <u>May 17, 1953</u>  | 24c. NAME OF CEMETERY OR CREMATORY <u>Round Grove</u>   | 24d. LOCATION (City, town, or county) (State) <u>Lawrence Co Mo</u>                |
| DATE REC'D BY LOCAL REG. <u>5/16/53</u>   | REGISTRAR'S SIGNATURE <u>[Signature]</u>   | 25. FUNERAL DIRECTOR'S SIGNATURE <u>W.R. Allison</u> ADDRESS <u>Greenfield Mo</u>   |  |

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

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RECEIVED 5-21-53  
Jasper County Health Office

County File Number 53-5-445  
Date Filed 5-21-53

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 *W.R. Allison* \_\_\_\_\_

Licensed Embalmer No. 4404 \_\_\_\_\_

P. O. Address *Sheepkill 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.