

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8380

State File No. ....

BIRTH NO. FILED MAR 29 1954 REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 5490 Registrar's No. 38

0410

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

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural White Oak</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural White Oak Township</u> <span style="float:right">0410 0</span>	
c. LENGTH OF STAY (In this place) <u>50 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>5 mile SE of New Hampton</u>	
d. FULL NAME OF (If not in hospital or institution, give street address of location) HOSPITAL OR INSTITUTION <u>5 mile SE of New Hampton</u>			
3. NAME OF DECEASED a. (First) <u>William</u> b. (Middle) <u>Edward</u> c. (Last) <u>Ward</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 19 1954</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct 6 1876</u>
9. AGE (In years last birthday) <u>77</u>		10. MONTHS <u>5</u>	11. DAYS <u>13</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Land owner</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Harrison County MO</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>George Ward</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Daniel</u>	14. NAME OF HUSBAND OR WIFE <u>Annanda E Ward</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>r</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Gess Ward</u> ADDRESS <u>New Hampton 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>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>Chronic interstitial nephritis</u> DUE TO (c) 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 checked="" type="checkbox"/>		<u>592X</u>	
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>at death</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>3:30 A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>R. L. Green D.O.</u> (Degree or title)		23b. ADDRESS <u>New Hampton MO</u>	23c. DATE SIGNED <u>3-20-54</u>
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March 21 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>White Oak</u>	24d. LOCATION (City, town, or county) (State) <u>Harrison County MO</u>
DATE REC'D BY LOCAL REG <u>3/22/53</u>	REGISTRAR'S SIGNATURE <u>Zola Beuer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W H Noble &amp; son</u> ADDRESS <u>New Hampton MO</u>	

(Licensed Embalmers' Statement on Reverse Side)

**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 ML

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed W G Noble

Licensed Embalmer No. 2904

P. O. Address New Hampton 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.