

FILED MAR 21 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10727

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 4504 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY OR TOWN <u>Advance</u>		c. CITY OR TOWN <u>Advance</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		STREET ADDRESS (If rural, give location) <u>103 1/2</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ELIZA</u>	b. (Middle) <u>ELLEN</u>	c. (Last) <u>WARD</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 26, 1955</u>
-------------------------------------	-------------------------	--------------------------	-----------------------	---

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar. 29, 1888</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months _____	IF UNDER 1 YEAR Days _____	IF UNDER 24 HRS. Hours _____	Min. _____
----------------------	-------------------------------	---	---------------------------------------	---	------------------------------	----------------------------	------------------------------	------------

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>Housewife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	--	--	--

13a. FATHER'S NAME <u>Albert Bess</u>	13b. MOTHER'S MAIDEN NAME <u>not known</u>	14. NAME OF HUSBAND OR WIFE <u>A. C. 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>A. C. Ward, Advance, Missouri</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>9 1/2 Hours</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hydrostatic Pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Hemorrhage</u> DUE TO (c) <u>Metastatic Carcinoma From Pelvis &amp; Chest</u>		
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"/>
------------------------------	--	---

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) (Min.) _____	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 September, 1954, to 26 Feb, 1955, that I last saw the deceased alive on 26 Feb, 1955, and that death occurred at 11:00 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. W. M. Merrill, M.D.</u> (Degree or title)	23b. ADDRESS <u>Advance, Mo.</u>	23c. DATE SIGNED <u>3 March 55</u>
---	----------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/28/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Morgan Memorial Park Advance, Missouri</u>	24d. LOCATION (City, town, or county) (State) _____
---	--------------------------	--	---

DATE REC'D BY LOCAL REG. <u>Mar. 4, 1955</u>	REGISTRAR'S SIGNATURE <u>Advance, Mo. 360</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mrs. L. J. &amp; S. Morgan Sr. Advance Mo.</u>
--	---	--

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

---

---

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.....  
Signature of Student Embalmer

Signed..... *William H. Morgan*

Licensed Embalmer No. *464*

P. O. Address *Advance*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.