No. 300
10.48

FILED MAY 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16194

BIRTH NO. _____ REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 3051 Registrar's No. 38

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

1. PLACE OF DEATH
a. COUNTY: PERRY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): PERRYVILLE
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): PERRYVILLE NURSING HOME 214 E. NORTH ST. PERRYVILLE, MO

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO.
b. COUNTY: PERRY
c. CITY OR TOWN: PERRYVILLE
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 0791 0

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

4. DATE OF DEATH (Month) (Day) (Year): MAY 13 1955

5. SEX: MALE 0
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: MAY 7 - 1872
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days 6 — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED
10b. KIND OF BUSINESS OR INDUSTRY: ~~[illegible]~~ WARREN
11. BIRTHPLACE (City and State or Foreign Country): PERRY CO MO 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: GEO WARD
13b. MOTHER'S MAIDEN NAME: UNKNOWN
14. NAME OF HUSBAND OR WIFE: WIDOWER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: IRA WARD PERRYVILLE
ADDRESS: 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) ARTERIO-SCLEROSIS, GENERALIZED — INTERVAL BETWEEN ONSET AND DEATH: 7 yr

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. UREMIA — 2 mo.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4500
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) (COUNTY) (STATE):
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* 13 Dec 5 194, *to* 13 May 1955 *that I last saw the deceased alive on* 12 May, 1955, *and that death occurred at* 2:10 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: Perryville Mo
23c. DATE SIGNED: 13 May 55

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE:
24c. NAME OF CEMETERY OR CREMATORY: SUNSET CEMETERY
24d. LOCATION (City, town, or county) (State): ST LOUIS CO MO

DATE REC'D BY LOCAL REG.: 5/13/55
REGISTRAR'S SIGNATURE: Jos J Goellner 250
25. FUNERAL DIRECTOR'S SIGNATURE: John L Ziegenhein & Son
ADDRESS: 7027 GRAVOIS ST. Louis Mo

(Licensed Embalmer's Statement on Reverse Side)

MAY 25 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Donald E Benz

Licensed Embalmer No. 486

P. O. Address 7027 Gro

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.