

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30544

State File No.

FILED OCT 15 1956

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3035 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY <u>Howell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>West Plains, Mo</u>)		c. LENGTH OF STAY (in this place) <u>hrs.</u>	c. CITY OR TOWN <u>West Plains,</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Christa Hogan Hosp.,</u>		e. STREET ADDRESS (If rural, give location) <u>Rte., 3,</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary Lou</u> b. (Middle) <u>Ward</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>10-1-56</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>7-29-32</u>	9. AGE (In years last birthday) <u>24</u> IF UNDER 1 YEAR Months <u>2</u> Days <u>2</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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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>x</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>West Plains, Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>Oscar Hawkins</u>	13b. MOTHER'S MAIDEN NAME <u>Ruth Burris</u>	14. NAME OF HUSBAND OR WIFE <u>Homer Ward</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>x</u> (If yes, give war or dates of service) <u>x</u>	16. SOCIAL SECURITY NO. <u>yes</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Homer Ward, Ward, West Plains, Mo</u> ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Embolus</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 hours</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Auricular Fibrillation</u>		<u>15 days</u>
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Normal obstetrical delivery 9-13-56</u> <u>PREVIOUS EPISODES Fibrillation</u>		

19a. DATE OF OPERATION <u>10-1-56</u>	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 10-2-56 to 10-1-56, that I last saw the deceased alive on 9-30-56 and that death occurred at 2:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Jack N. Wilcox, M.D.</u> (Degree or title)	23b. ADDRESS <u>West Plains, Mo</u>	23c. DATE SIGNED <u>10-6-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>	24b. DATE <u>10-4-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Union Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Brandsville, Mo</u>
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DATE REC'D BY LOCAL REG. <u>10-9-56</u>	REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Robertsons, West Plains, Mo</u> ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

379-0

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 *A. S. Roberts*.....

Licensed Embalmer No. *3433*.....

P. O. Address *West Ham*.....

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.