

FILED MAY 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13426

BIRTH NO. _____ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 4433 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY Putnam		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Putnam	
b. CITY (If outside corporate limits, write RURAL and give town) Unionville		c. CITY (If outside corporate limits, write RURAL and give township) Unionville	
c. LENGTH OF STAY (in this place) LIFETIME		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) ANNA b. (Middle) LORETTA c. (Last) WARD			4. DATE OF DEATH (Month) (Day) (Year) April-9-1949		
5. SEX FEMALE		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH April-16-1910		9. AGE (In years last birthday) 38		10. IF UNDER 1 YEAR Months 11 Days 23 IF UNDER 24 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housework		11. BIRTHPLACE (State or foreign country) Putnam County, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME L.G. VAN DYNE		13b. MOTHER'S MAIDEN NAME Minnie Sandusky	
14. NAME OF HUSBAND OR WIFE Edwin Cleo Ward		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)			
16. SOCIAL SECURITY NO. 3-37-7474		17. INFORMANT'S SIGNATURE OR NAME Edwin Cleo Ward ADDRESS Unionville, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH 10 minutes	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Chronic rheumatic fever in childhood			
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"/>	

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 **April 7, 1946** to **April 9, 1949**, that I last saw the deceased alive on **April 9, 1949**, and that death occurred at **5 A. M.**, from the causes and on the date stated above.

23a. SIGNATURE L. G. Judd D.O. (Degree or title)		23b. ADDRESS Unionville, Mo.		23c. DATE SIGNED 4/10/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE April-12-1949		24c. NAME OF CEMETERY OR CREMATORY TORREY CEMETERY	
24d. LOCATION (City, town, or county) Putnam County, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Constock Funeral Home ADDRESS 27 S.W. Corns Unionville, Mo.		DATE REC'D BY LOCAL REG. 4-28-49 REGISTRAR'S SIGNATURE Marvell Durbin	

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

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RECEIVED

District Health Officer No. 1

District File Number 5-49-82

MAY 10 1949

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.

Signed Richard P. Cassel

Licensed Embalmer No. 4617

P. O. Address Unionville, N.C.

Signed _____
Student Embalmer

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.