

FILED OCT 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31542

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

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 4462 Registrar's No. 359

1. PLACE OF DEATH a. COUNTY <u>ST. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>ST. Francois</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ELVINS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ELVINS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>FRONT STREET</u>		d. STREET ADDRESS (If rural, give location) <u>MO.</u>	
3. NAME OF DECEASED a. (First) <u>MARTHA</u> b. (Middle) <u>WARD</u> c. (Last) <u>WARD</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>OCT. 2 1949</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>MARCH 31, 1890</u>
9. AGE (In years last birthday) <u>59</u> IF UNDER 1 YEAR Months <u>6</u> Days <u>1</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CARE OF HANG</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>JAMES HUBBINS</u>	
13b. MOTHER'S MAIDEN NAME <u>Nancy WHITE</u>		14. NAME OF HUSBAND OR WIFE <u>JOHN 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 <u>MRS. CLYDE NELSON</u> ADDRESS <u>ELVINS, MO.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of liver</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Several months</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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. <u>1560H</u>	
19a. DATE OF OPERATION <u>8/15/49</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of liver</u>	
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 <u>Oct 2</u> , 19 <u>49</u> , to <u>Oct 2</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Oct 2</u> , 19 <u>49</u> , and that death occurred at <u>12:20 am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>W. A. Patterson, D.O.</u> (Degree or title)		23b. ADDRESS <u>Elvins River, Mo.</u>	
23c. DATE SIGNED <u>10/5/49</u>		24. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>Oct 4, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>PATTERSON</u>	
24d. LOCATION (City, town, or county) (State) <u>PATTERSON MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C. Z. Boyer & Son</u> ADDRESS <u>Elvins, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Oct 5, 1949</u>		REGISTRAR'S SIGNATURE <u>Esther Rindoff</u>	

RECEIVED 10-10-49

District Health Officer No. 4

District File Number 1049-1337

Date Filed _____

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 _____
Student Embalmer

Signed B. T. Dyer

Licensed Embalmer No. 3660

P. O. Address Sealock, 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.