

FILED MAR 15 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4606

BIRTH NO. _____		REG. DIST. NO. 132		PRIMARY REG. DIST. NO. 3021		Registrar's No. 20	
1. PLACE OF DEATH a. COUNTY GRUNDY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY GRUNDY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN TRENTON		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN TRENTON		6402	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1538 Bolser				d. STREET ADDRESS (If rural, give location) 1538 Bolser 0			
3. NAME OF DECEASED (Type or Print) Elizabeth		a. (First)		b. (Middle) S		c. (Last) WARD	
4. DATE OF DEATH		(Month) Feb		(Day) 8		(Year) 1950	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH July 17 1897	
9. AGE (In years last birthday) 52		IF UNDER 1 YEAR Months 6		IF UNDER 1 YEAR Days 21		IF UNDER 1 Wks. Hours - Min. -	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home maker		10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (State or foreign country) HARRISON County Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Burgen Puckett		13b. MOTHER'S MAIDEN NAME JUNA Turley		14. NAME OF HUSBAND OR WIFE T.F. WARD			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS T.F. WARD 1538 Bolser Trenton 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis  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.  INTERVAL BETWEEN ONSET AND DEATH 4201					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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 Feb 26, 1950, to Feb 28, 1950, that I last saw the deceased alive on Feb 28, 1950, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE Oliver F. Dufford (Printer or title)				23b. ADDRESS Trenton Mo		23c. DATE SIGNED Feb 28 1950	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb 11 1950		24c. NAME OF CEMETERY OR CREMATORY Winburg Cemetery		24d. LOCATION (City, town, or county) (State) Edinburg Mo.	
DATE REC'D BY LOCAL REG. Feb 11 - 1950		REGISTRAR'S SIGNATURE Irene Fair		25. FUNERAL DIRECTOR'S SIGNATURE J. Davis - Blackmore		ADDRESS Trenton, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10-48

MAY 21 1953



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.....

*J. Gordon Blackmon*

Licensed Embalmer No. *4602*

P. O. Address *Trenton, Missouri*

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.