

FILED APR 17 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12486

Registrar's No. 8

BIRTH-NO. REG. DIST. NO. 704 PRIMARY REG. DIST. NO. 4178

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u>	
b. CITY OR TOWN <u>Nolcomb</u>		c. CITY OR TOWN <u>Quelin</u>	
c. LENGTH OF STAY (in this place) <u>1 da</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cochran's Clinic</u>			
3. NAME OF DECEASED a. (First) <u>Deronda</u> b. (Middle) <u>Kay</u> c. (Last) <u>Ward</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 21 1950</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Child 0</u>	8. DATE OF BIRTH <u>April 27, 1948</u>
9. AGE (In years last birthday) <u>1</u>	10. MONTHS <u>11</u>	11. DAYS <u>24</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>child</u>		11. BIRTHPLACE (State or foreign country) <u>Quelin Missouri</u>	
13a. FATHER'S NAME <u>Thomas Ward</u>		13b. MOTHER'S MAIDEN NAME <u>Pearl Dickens</u>	
14. NAME OF HUSBAND OR WIFE <u>—</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>—</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Thomas Ward</u>		ADDRESS <u>Quelin, Mo</u>	
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) <u>Bronchial Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Influenza</u> DUE TO (c) <u>—</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>—</u>	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Wm E Cochran - V</u>		23b. ADDRESS <u>Nolcomb Mo</u>	
23c. DATE SIGNED <u>4/5/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 23 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Harold Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Campbell Mo. R. 2</u>	
DATE REC'D BY LOCAL REG. <u>4-10-50</u>		REGISTRAR'S SIGNATURE <u>J. Anderson 89</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Landess Funeral Home</u>		ADDRESS <u>Campbell, Mo.</u>	

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

0350

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 4-14-50

COUNTY FILE NUMBER 450-124

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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 Not Embalmed .....

Licensed Embalmer No. ....

P. O. Address .....

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.