No. 300
10-48

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

FILED JUN 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19221

BIRTH NO. 85691-50 REG. DIST. NO. 375 PRIMARY REG. DIST. NO. 6283 Registrar's No. 26

1. PLACE OF DEATH
a. COUNTY: Wright
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Elk Creek
c. LENGTH OF STAY (in this place): 6 mos
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Wright
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Elk Creek Twp. Hart 40 ville
d. STREET ADDRESS (If rural, give location): 12 Miles North Hartville

3. NAME OF DECEASED (Type or Print)
a. (First): Jessie
b. (Middle): Dean
c. (Last): Ward

4. DATE OF DEATH (Month) 5 (Day) 23 (Year) 50

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Nov 10, 1949
9. AGE (In years last birthday): IF UNDER 1 YEAR Months 6 Days 13 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Hartville, Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Clinton Ward
13b. MOTHER'S MAIDEN NAME: Daisy Delcour
14. NAME OF HUSBAND OR WIFE: None

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.: None
17. INFORMANT'S SIGNATURE OR NAME: Clinton Ward ADDRESS: Hartville, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Virus Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 week

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.

492X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 15, 1950 *to* May 23, 1950, *that I last saw the deceased alive on* May 23, 1950, *and that death occurred at* 6:45P *m., from the causes and on the date stated above.*

23a. SIGNATURE H. Northey (Degree or title) D.O.
23b. ADDRESS Hartville Mo
23c. DATE SIGNED 5-24-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-25-1950
24c. NAME OF CEMETERY OR CREMATORY: New Home Cemetery
24d. LOCATION (City, town, or county) (State): Wright County Mo

DATE REC'D BY LOCAL REG.: 6-9-50
REGISTRAR'S SIGNATURE: E.B. Garner 346
25. FUNERAL DIRECTOR'S SIGNATURE Gene E Holden ADDRESS Hartville Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JUN 10 1950
WRIGHT CO. HEALTH DEPT.
County File Number 650-79
Date Filed 6-10-50

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 Gene E Holdren

Licensed Embalmer No. 3865

P. O. Address Hartville, 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.