

FILED JUN 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22588

BIRTH NO. _____ REG. DIST. NO. 373 PRIMARY REG. DIST. NO. 4545 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY <i>Webster</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Webster</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Marshfield</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Marshfield - At East side</i>	
c. LENGTH OF STAY (In this place) <i>Lifetime</i>		d. STREET ADDRESS (If rural, give location) <i>of City limits 1120 A</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>None</i>			

3. NAME OF DECEASED (Type or Print) <i>CHARLES</i>	a. (First) <i>L.</i>	b. (Middle) <i>WARD</i>	c. (Last) <i>SR.</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>May 20, 1950</i>
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Sept. 13, 1862</i>	9. AGE (In years last birthday) <i>87</i>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Retired</i>		11. BIRTHPLACE (State or foreign country) <i>Webster County, Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>

13a. FATHER'S NAME <i>Unknown</i>	13b. MOTHER'S MAIDEN NAME <i>Unknown</i>	14. NAME OF HUSBAND OR WIFE <i>Dora Ward</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>None</i>	16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Charles Ward Jr.</i>	ADDRESS <i>Marshfield, Mo.</i>
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Stroke - Adams Syndrome</i>		INTERVAL BETWEEN ONSET AND DEATH <i>10 days</i> <i>5 yr.</i> <i>5.26X</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Right Heart Failure</i>		
	DUE TO (c) <i>Bronchostasis</i>		
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"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from *7-3*, 19*50*, to *5-20*, 19*50*, that I last saw the deceased alive on *5-19*, 19*50*, and that death occurred at *12:15 A.m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	23b. ADDRESS <i>Marshfield, Mo.</i>	23c. DATE SIGNED <i>5/29/50</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>5-21-50</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Ebenezer</i>	24d. LOCATION (City, town, or county) (State) <i>Webster County, Mo.</i>
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DATE REC'D BY LOCAL REG. <i>6/5/50</i>	REGISTRAR'S SIGNATURE <i>[Signature]</i> 392	25. FUNERAL DIRECTOR'S SIGNATURE <i>Arthur Bruce</i>	ADDRESS <i>Marshfield, Mo.</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JUN 14 1950
District Health Office No. 6,
District File Number 650-670
Date Filed 6-15-50

FEB 18 1952

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Arthur Bruce

Signed.....
Student Embalmer

Licensed Embalmer No. 4723

P. O. Address Marshfield, 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.