

FILED JUL 24 1950

STANDARD CERTIFICATE OF DEATH

State File No. 23430

BIRTH NO. _____		REG. DIST. NO. <u>141</u>		PRIMARY REG. DIST. NO. <u>3025</u>		Registrar's No. <u>24</u>	
1. PLACE OF DEATH a. COUNTY <u>HOWELL</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>HOWELL</u>			
b. CITY OR TOWN <u>WEST PLAINS</u>		c. LENGTH OF STAY (in this place) <u>NONE</u>		c. CITY OR TOWN <u>"R" MYATT TWP.</u>		<u>0469</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>STOLL HOSPITAL (D.O.A.)</u>				d. STREET ADDRESS (If rural, give location) <u>WEST PLAINS, Mo., Lebo Rt.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>ELSIE</u>		b. (Middle) <u>MAE</u>		c. (Last) <u>WARD</u>	
4. DATE OF DEATH		(Month) <u>JULY</u>		(Day) <u>9</u>		(Year) <u>1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>JUNE 30, 1896</u>	9. AGE (In years last birthday) <u>54</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (State or foreign country) <u>JACKSON Co., ARKANSAS.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Will Busby</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>NAMES ANDERSON 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 ADDRESS <u>JAS. A. WARD, West Plains, Mo. Lebo Route</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Arteriosclerosis</u> <u>yes</u> <u>yes</u>	
		DUE TO (c) <u>Hypertension</u>				<u>yes</u>	
		11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>4201</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) _____		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>12-5</u> 19 <u>49</u> , to <u>6/21</u> 19 <u>50</u> , that I last saw the deceased alive on <u>6/21/50</u> , 19 <u>50</u> , and that death occurred at <u>1:50 p.m.</u> <u>10:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. B. Stoll M.D.</u> (Degree or title) <u>0</u>				23b. ADDRESS <u>West Plains Mo</u>		23c. DATE SIGNED <u>7/11/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>JULY 12, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>STATE LINE CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>FULTON COUNTY, ARK.</u>	
DATE REC'D BY LOCAL REG. <u>7-13-50</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hal Hombrough</u>		ADDRESS <u>W. Plains, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED JUL 17 1950

Dist. File 750-826

Date Filed JUL 18 1950

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, ~~one~~ _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Hal Johnson

Licensed Embalmer No. 3408

P. O. Address W. Plains, 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.