V.S. No. 300
REV. 10.48

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

FILED DEC 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36026

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 326

1. PLACE OF DEATH
a. COUNTY Adair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kirksville
c. LENGTH OF STAY (in this place) 3 yrs. 2 mo. 8 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Community Nursing Home #1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri
b. COUNTY Adair
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kirksville
d. STREET ADDRESS (If rural, give location) Route 3

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

4. DATE OF DEATH (Month) 12 (Day) 7 (Year) 50

5. SEX F
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH May 25 1870
9. AGE (In years last birthday) 80 — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY OWN Home
11. BIRTHPLACE (State or foreign country) Adair Co. Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME ~~John M. Ward~~ Abner Hunsaker
13b. MOTHER'S MAIDEN NAME Illinois Luster
14. NAME OF HUSBAND OR WIFE John M. Ward

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 Fred Ward — ADDRESS Kirksville, 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) Respiratory failure — INTERVAL BETWEEN ONSET AND DEATH: 3 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Hemorrhage — 3 weeks
DUE TO (c) Arteriosclerosis — 20 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Gangrene (dry) of lower right extremity — 2 months

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) 331X

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* Feb 6, 1950, *to* Dec 7, 1950, *that I last saw the deceased alive on* Dec 7, 1950, *and that death occurred at* 12:25 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE Vincent A. Spangio (Degree or title) D.O.
23b. ADDRESS Community Nursing Home, KIRKSVILLE MO
23c. DATE SIGNED Dec 7, 1950

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 12/9/50
24c. NAME OF CEMETERY OR CREMATORY Ownby
24d. LOCATION (City, town, or county) Kirksville (State) Mo

DATE REC'D BY LOCAL REG. 12-8-50
REGISTRAR'S SIGNATURE Kate Humbert
25. FUNERAL DIRECTOR'S SIGNATURE Paul W. Riley — ADDRESS Kirksville, Mo

(Licensed Embalmer's Statement on Reverse Side)

Date Received: DEC 12 1950
DISTRICT HEALTH OFFICE #2
District File Number 12-50-2110
Date Filed: DEC 12 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, ~~or by~~ Glen A Gibbons, Student Embalmer No. ....., working under my personal supervision.

Student ..... Student Embalmer

Signed Glen A Gibbons

Licensed Embalmer No. 4624

P. O. Address Sikeston, 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.