

FILED DEC 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41459

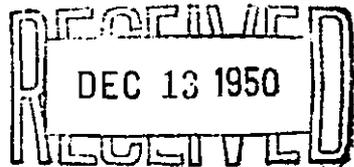
State File No. _____

7621

BIRTH NO. <u>134</u>		REG. DIST. NO. <u>806</u>		PRIMARY REG. DIST. NO. <u>3042</u>		Registrar's No. <u>62</u>	
1. PLACE OF DEATH a. COUNTY <u>MADISON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>MADISON 1621</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FREDERICKTOWN</u>		c. LENGTH OF STAY (In this place) <u>2 1/2 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FREDERICKTOWN</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>305 CAHOON ST.</u>				d. STREET ADDRESS (If rural, give location) <u>200 WEST COLLEGE</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lydia</u> b. (Middle) <u>KATHRYN</u> c. (Last) <u>WARD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 5, 1950</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>		8. DATE OF BIRTH <u>JAN. 1, 1872</u>	
9. AGE (In years last birthday) <u>78</u>		10. USUAL OCCUPATION (Other kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		9. AGE (In years last birthday) <u>78</u>	
11. BIRTHPLACE (State or foreign country) <u>Greenville, Mo. 0</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>JAMES HENDERSON</u>			13b. MOTHER'S MAIDEN NAME <u>AMANDA WHITE</u>			14. NAME OF HUSBAND OR WIFE <u>THOMAS B. 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>MARY MATTHEWS, FREDERICKTOWN, MO.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of breast?</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					157X
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>marked hepatitis</u>					-0
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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>Dec. 5, 1950</u> , to <u>Dec. 5, 1950</u> , that I last saw the deceased alive on <u>Dec. 5, 1950</u> , and that death occurred at <u>11:10 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>[Signature] M.D.</u>				23b. ADDRESS <u>FREDERICKTOWN, MO.</u>		23c. DATE SIGNED <u>Dec 5, 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12-7-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WARD Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>WAYNE COUNTY Missouri</u>	
DATE REC'D BY LOCAL REG. <u>12-7-1950</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sam Dajin, Jr., Fredericktown, Mo.</u>			

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

INDISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.



FILE No. 1250-41

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 William B. O'Connor

Licensed Embalmer No. 3975

P. O. Address Fredericktown 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.