

FILED JAN 22 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43623

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 176 PRIMARY REG. DIST. NO. 5-634 Registrar's No. 3

350

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

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Lawrence</u>  |  | 2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>LAWRENCE</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Miller Lincoln</u>                            |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Miller Lincoln</u> <u>0550</u>                               |  |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Residence</u> |  | d. STREET ADDRESS (If rural, give location) <u>0</u>   |  |

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 3. NAME OF DECEASED<br>a. (First) <u>Fredrick</u> b. (Middle) <u>Jasper</u> c. (Last) <u>Ward</u> |  |   | 4. DATE OF DEATH (Month) (Day) (Year) <u>12-2-1950</u> |   |  |
| 5. SEX <u>MALE</u>  |  | 6. COLOR OR RACE <u>white</u>             |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widower</u> |  |
| 8. DATE OF BIRTH <u>11-27-1882</u>  |  | 9. AGE (In years last birthday) <u>68</u> |  | IF UNDER 1 YEAR Months <u>0</u> Days <u>5</u>                         |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)       |  | 10b. KIND OF BUSINESS OR INDUSTRY         |  | 11. BIRTHPLACE (State or foreign country) <u>9</u>                    |  |
| 12. CITIZEN OF WHAT COUNTRY?  |  |   |  |   |  |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 13a. FATHER'S NAME <u>James E. Ward</u>  |  | 13b. MOTHER'S MAIDEN NAME <u>Sarah Hamblin</u> |  | 14. NAME OF HUSBAND OR WIFE  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) |  | 16. SOCIAL SECURITY NO.                        |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Benjamin Merrick Miller 240</u> |  |

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 18. CAUSE OF DEATH<br>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>Heart Disease</u> |  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>4330</u> |  |

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| 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 11-3-1950, to 11-3-1950, that I last saw the deceased alive on 11-3-1950, and that death occurred at 1206 m., from the causes and on the date stated above.

|   |  |                                |  |   |  |
|---|--|--------------------------------|--|---|--|
| 23a. SIGNATURE <u>W. S. Boasey</u> (Degree or title)                |  | 23b. ADDRESS <u>Miller 240</u> |  | 23c. DATE SIGNED                                    |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>             |  | 24b. DATE <u>12-4-50</u>       |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Harverson</u> |  |
| 24d. LOCATION (City, town, or county) (State) <u>St. James Ark.</u> |  |                                |  |   |  |

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| DATE REC'D BY LOCAL REG. <u>12-26-50</u> |  | REGISTRAR'S SIGNATURE <u>W. S. Boasey</u> |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Monroe Luman Miller Mo</u> |  |
|--|--|---|--|--|--|

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED JAN 15 1951

Dist. File 157-136

Date Filed 1-15-51

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 S. R. Seiman

Licensed Embalmer No. 3297

P. O. Address Miller 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.