

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 2 1951

State File No. 7085

3350

BIRTH NO.		REG. DIST. NO. 106		PRIMARY REG. DIST. NO. 5424		Registrar's No. 6	
1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>			
b. CITY OR TOWN <u>Holcomb</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Portageville</u>		0721	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cochran</u>				d. STREET ADDRESS (If rural, give location) <u>1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jesse</u>			b. (Middle) <u>Robert</u>		c. (Last) <u>Ward</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 16 1951</u>
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec 25, 1899</u>	
9. AGE (In years last birthday) <u>51</u>		10. a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Wholesale Dealer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm Products</u>		11. BIRTHPLACE (State or foreign country) <u>New Madrid County, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>George Ward</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Crevoisier</u>		14. NAME OF HUSBAND OR WIFE <u>Amelia Boone 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>?</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Jesse Ward Portageville, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-Renal Disease</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hours</u> <u>442X</u>
19a. DATE OF OPERATION <u>✓</u>		19b. MAJOR FINDINGS OF OPERATION <u>✓</u>				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) (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>Jan 12, 1951</u> , to <u>Feb 16, 1951</u> , that I last saw the deceased alive on <u>Feb 16, 1951</u> , and that death occurred at <u>6:20 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>John E Cochran D.O.</u> (Degree or title)				23b. ADDRESS <u>Holcomb</u>		23c. DATE SIGNED <u>2/21/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Feb 16, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Portageville Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Portageville, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>3-27-51</u>		REGISTRAR'S SIGNATURE <u>J. Anderson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>89</u>		ADDRESS <u>DeLisle Funeral Parlor Portageville, Mo.</u>	

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

2424 University Ave
P. Campbell Reg

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 3-28-51
COUNTY FILE NUMBER 351-84

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.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.