No. 300
10.48

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

FILED MAY 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11942

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 41

1. PLACE OF DEATH
a. COUNTY: Clay
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Excelsior Springs
c. LENGTH OF STAY (In this place): 15 min.
d. FULL NAME OF HOSPITAL OR INSTITUTION: Excelsior Springs Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Ray
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Richmond
d. STREET ADDRESS (If rural, give location): 420 E. Black Diamond

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

4. DATE OF DEATH (Month) (Day) (Year): April 3, 1951

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb. 22, 1868

9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months 1, Days 11 — 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: ---

11. BIRTHPLACE (State or foreign country): Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John Wild

13b. MOTHER'S MAIDEN NAME: Elizabeth ---

14. NAME OF HUSBAND OR WIFE: William O. 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.: ---

17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: William O. Ward, Richmond, 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) Chronic Myocarditis Int.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) arterio-Sclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: ---

19b. MAJOR FINDINGS OF OPERATION: 4221

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): ---

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* April 1, 1951, *to* April 3, 1951, *that I last saw the deceased alive on* April 3 1951 *and that death occurred at* 2 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): G. B. Fay MD

23b. ADDRESS: Richmond Mo

23c. DATE SIGNED: 4-5-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Apr. 5, 1951

24c. NAME OF CEMETERY OR CREMATORY: City Cemetery

24d. LOCATION (City, town, or county) (State): Richmond Missouri

DATE REC'D BY LOCAL REG.: 4/3/51

REGISTRAR'S SIGNATURE: Caroline Hutchinson

25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Thomas J. Carter Richmond, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
MAY 8 1951
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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 Thomas J. Carter

Licensed Embalmer No. 4474

P. O. Address Richmond, 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.