

FILED AUG 6 1951

STANDARD CERTIFICATE OF DEATH

State File No. 22770  
Registrar's No. 668

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000

396  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR <b>Springfield</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR <b>Springfield</b>	
c. LENGTH OF STAY (If this place) <b>12 hours</b>		d. STREET ADDRESS (If rural, give location) <b>2045 N. Fort Avenue</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City Hospital</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>SUSAN</b>	b. (Middle) <b>MARY</b>	c. (Last) <b>WARD</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>July 29, 1951</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>7 Sept 1891</b>
9. AGE (In years last birthday) <b>59</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Housewife</b>	11. BIRTHPLACE (State or foreign country) <b>Grady, Oklahoma</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>Ples Puckett</b>	13b. MOTHER'S MAIDEN NAME <b>Abbie Wade</b>	14. NAME OF HUSBAND OR WIFE <b>William E. Ward</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Wm. E. Ward, Springfield, Missouri</b>	
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) <b>Multiple Myeloma</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  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 <b>18 Mo.</b>
19a. DATE OF OPERATION <b>July 1950</b>	19b. MAJOR FINDINGS OF OPERATION <b>Multiple Myeloma 203x</b>		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)	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 <b>July 1950</b> to <b>July 29, 1951</b> , that I last saw the deceased alive on <b>27 July 1951</b> , and that death occurred at <b>2:30A m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>E. R. Berghman</b>		23b. ADDRESS <b>Springfield, Mo.</b>	23c. DATE SIGNED <b>7-29-51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>30 July 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Willow Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Mangum, Oklahoma</b>
DATE REC'D BY LOCAL REG. <b>7-30-51</b>	REGISTRAR'S SIGNATURE <b>W. E. Landry</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Fred C. Thiem, Springfield, Mo.</b>	

**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. \_\_\_\_\_

Student .....  
Student Embalmer

Signed *Ralph H. Trieme* \_\_\_\_\_

Licensed Embalmer No. *3681* \_\_\_\_\_

P. O. Address *Springfield 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.