

FILED DEC 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38179

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 5799 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY <u>MONROE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MONROE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - MARION TWP.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - MARION TWP. 2690</u>	
c. LENGTH OF STAY (in this place) <u>2 1/2</u>		d. STREET ADDRESS (If rural, give location) <u>R. F. D., HOLLIDAY, MO.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1/2 MI. S. OF HOLLIDAY</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>LEONARD</u>	b. (Middle) <u>MELTON</u>	c. (Last) <u>WARD</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 26, 1951</u>
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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>JAN. 6, 1907</u>	9. AGE (In years last birthday) <u>44</u>	# UNDER 1 YEAR Months <u>10</u> Days <u>20</u>	# UNDER 1 YEAR Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>GEN. FARMING</u>	11. BIRTHPLACE (State or foreign country) <u>OKLAHOMA</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>GEORGE WARD</u>	13b. MOTHER'S MAIDEN NAME <u>MARGARET McINTOSH</u>	14. NAME OF HUSBAND OR WIFE <u>MILDRED WARD</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u>	16. SOCIAL SECURITY NO. <u>W. W. II</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. WINNIE MATHEWS</u>	ADDRESS <u>HOLLIDAY, MO</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Drowning</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Car Struck Bridge</u> DUE TO (c) <u>E8194</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>31</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>County Road H.</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>MARION TWP. MONROE MISSOURI</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>Nov. 26 1951 8:20</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Car struck bridge turning over in creek</u>
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22. I hereby certify that I attended the deceased from Nov 26, 1951, to Nov 26, 1951, that I last saw the deceased alive on Nov 26, 1951, and that death occurred at about 8:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Russell M. Hibern</u>	(Degree or title) <u>Coroner</u>	23b. ADDRESS <u>Monroe City Mo</u>	23c. DATE SIGNED <u>Nov 27-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>11-28-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CARNEGIE, OKLA.</u>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <u>11-29-51</u>	REGISTRAR'S SIGNATURE <u>Anna M. Burdett</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Speed & Blakey</u>	ADDRESS <u>PARIS, MISSOURI</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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MAR 23 1956

MAR 23 1956

1956

Date Received: NOV 30 1957
DISTRICT HEALTH OFFICE #2
District File Number 12-51-21
Date Filed: DEC 5 1957

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.

Signed E. H. Agnew

Signed _____
Student Embalmer

Licensed Embalmer No. 4000

P. O. Address PARIS, MISSOURI

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.