S. No. 300
v. 10.48

FILED APR 7 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7872

BIRTH NO. 4-4-52 REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 4154 Registrar's No. 98

1290
1

1. PLACE OF DEATH
a. COUNTY: Dade
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Greenfield
c. LENGTH OF STAY (in this place): 4 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Jefferson St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Dade
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Greenfield 1290
d. STREET ADDRESS (If rural, give location): Jefferson St.

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

4. DATE OF DEATH (Month) (Day) (Year): Apr. 1, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: Nov. 30, 1874
9. AGE (In years last birthday): 77
If under 1 year: Months 4, Days 1
If under 24 hrs.: Hours –, Min. –

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Ill. 1
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Willis Alfred Ward
13b. MOTHER'S MAIDEN NAME: Wilhelmina Phernhaus
14. NAME OF HUSBAND OR WIFE: Annie Ward

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Annie Ward; Greenfield, 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): Coronary Thrombosis
INTERVAL BETWEEN ONSET AND DEATH

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.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4201
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* Apr 1, 1952, *to* April 1, 1952, *that I last saw the deceased alive on* Apr. 1, 1952, *and that death occurred at* 9:15 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. O. Cowan (Degree or title): M.D.
23b. ADDRESS: Greenfield, Mo.
23c. DATE SIGNED: 4-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 6, 1952
24c. NAME OF CEMETERY OR CREMATORY: Greenfield Cemetery
24d. LOCATION (City, town, or county) (State): Greenfield, Mo.

DATE REC'D BY LOCAL REG.: 4-4-52
REGISTRAR'S SIGNATURE: Geo L Weir 79-0
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: J. C. Canada, Greenfield, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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 J. C. Canada

Signed.....
Student Embalmer

Licensed Embalmer No. 4196

P. O. Address Greenfield, 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.