

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39470**

| | | | | |
|--|----------------------------------|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 209 | PRIMARY REG. DIST. NO. 3043 | Registrar's No. 390 |
| 1. PLACE OF DEATH a. COUNTY Marion | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Marion | | |
| b. CITY (If outside corporate limits, write RURAL and give township) Hannibal | | c. CITY (If outside corporate limits, write RURAL and give township) Hannibal | | |
| c. LENGTH OF STAY (In this place) 2 days | | d. STREET ADDRESS (If rural, give location) 706 Vermont | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Levering | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) John L. b. (Middle) _____ c. (Last) Ward | | 4. DATE OF DEATH (Month) (Day) (Year) November 20, 1952 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH February 14, 1865 | 9. AGE (In years of last birthday) 87 Months 9 Days 6 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired | | 10b. KIND OF BUSINESS OR INDUSTRY St. Louis & Hannibal | | 11. BIRTHPLACE (City and State or Foreign Country) Rocheport Missouri |
| 12. CITIZEN OF WHAT COUNTRY? U S A | | | | |
| 13a. FATHER'S NAME G.H. Ward | | 13b. MOTHER'S MARDEN NAME No record | | 14. NAME OF HUSBAND OR WIFE Deceased Eliza Belle Showers Ward |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME John S. Ward ADDRESS Hannibal Missouri |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility and Carcinoma 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 Three Colon 6 mo |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 153X | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? |
| 22. I hereby certify that I attended the deceased from 11-17, 1952 to 11-20, 1952 that I last saw the deceased alive on 11-20, 1952 , and that death occurred at 9:20 A.M. , from the causes and on the date stated above. | | | | |
| 23a. SIGNATURE J. H. A. Desty | | 23b. ADDRESS Hannibal Mo | | 23c. DATE SIGNED 11-21-52 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 11/22/52 | 24c. NAME OF CEMETERY OR CREMATORY Mount Olivet | 24d. LOCATION (City, town, or county) (State) Hannibal Missouri |
| DATE REC'D BY LOCAL REG. 11-29-52 | | REGISTRAR'S SIGNATURE Dr. E. M. Lucke | | 25. FUNERAL DIRECTOR'S SIGNATURE W. C. Fisher ADDRESS Hannibal Missouri |

(Licensed Embalmer's Statement of Reverse Side)

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

644

FILED DEC 3 1952

RECEIVED DEC 1 1952
MARION CO. HEALTH DEPT.
DATE FILED DEC 1 1952

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 W. Crawford Smith

Licensed Embalmer No. 2814

P. O. Address Hannibal 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.