

41297

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300

10-48

FILED DEC 1 1952

REG. DIST. NO. 308 PRIMARY REG. DIST. NO. 6154 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Missouri b. COUNTY Pemiscot	
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN Richland Rural)		c. CITY (If outside corporate limits, write RURAL and give township) Wardell	
c. LENGTH OF STAY (In this place) 2 Wks.		d. STREET ADDRESS (If rural, give location) X	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rural Route 1		4. DATE OF DEATH (Month) (Day) (Year) Nov. 20, 1952	
3. NAME OF DECEASED (Type or Print) a. (First) Luther		b. (Middle) T.	
c. (Last) Ward		5. SEX Male	
6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Unknown		9. AGE (In years last birthday) about 77	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	
11. BIRTHPLACE (State or foreign country) Tennessee		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Deceased		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No X	
16. SOCIAL SECURITY NO. X		17. INFORMANT'S SIGNATURE OR NAME Willie Daniel ADDRESS R. 1 Bell City, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis		INTERVAL BETWEEN ONSET AND DEATH Unknown	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused 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 _____		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 --- 19---, to --- 19---, that I last saw the deceased alive on --- 19---, and that death occurred at 6:30 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE Ray W. Rainey (Degree or title) Coroner		23b. ADDRESS Dexter, Missouri	
23c. DATE SIGNED 11-21-52		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 11-23-52		24c. NAME OF CEMETERY OR CREMATORY Saint Paul	
24d. LOCATION (City, town, or county) (State) Wardell, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Jimmy Osburn ADDRESS Funeral Home, Wardell, Mo.	
DATE REC'D BY LOCAL REG. Nov. 24, 1952		REGISTRAR'S SIGNATURE Lois Webber	

(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.....
Student Embalmer

Signed *James G. Osburn*
.....
Licensed Embalmer No. 4185

P. O. Address Wardell, 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.