

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

21341

State File No.

FILED JUN 22 1953

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 572

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>Greene</u>	b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>Greene</u>
c. LENGTH OF STAY (to this place) <u>20 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Handley Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1220 Prospect Avenue</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>MINNIE</u>	b. (Middle) <u>(None)</u>	c. (Last) <u>WARD</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 15, 1953</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 22, 1873</u>	9. AGE (In years last birthday) <u>79</u> <small>IF UNDER 1 YEAR Months Days</small> <small>IF UNDER 2 HRS. Hours Min.</small>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Texas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>(Unknown) Dunnaway</u>	13b. MOTHER'S MAIDEN NAME <u>(Unknown) Andrews</u>	14. NAME OF HUSBAND OR WIFE <u>William Ward (Deceased)</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Linnie Johnson</u>
		ADDRESS <u>Springfield, Mo.</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>20 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>(a) Inter trochanteric fract Rt. Femur</u>		
	PRECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>9030 21 9/33 r</u>			

19a. DATE OF OPERATION <u>5/29/53</u>	19b. MAJOR FINDINGS OF OPERATION <u>Inter trochanteric fracture of right femur</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>at home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Springfield Greene Missouri</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 26, 1953 ?</u>	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> REST <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fall</u>

22. I hereby certify that I attended the deceased from May 26, 1953, to June 15, 1953, that I last saw the deceased alive on June 15, 1953, and that death occurred at 1:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Joseph D. Williams M. D.</u>	23b. ADDRESS <u>Springfield, Missouri</u>	23c. DATE SIGNED <u>6/16/53</u>
24a. BURIAL/CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6/17/1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hazelwood Cemetery</u>
		24d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u>

DATE REC'D BY LOCAL REG. <u>6-18-53</u>	REGISTRAR'S SIGNATURE <u>Edith Williamson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>AYRE-GOODWIN FUN'L SERV.</u>	ADDRESS <u>Spofld, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

623 West Walnut
SPRINGFIELD, MISSOURI
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 _____

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed _____

Harry A. [Signature]
Licensed Embalmer No. 4594

P. O. Address Springfield, 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.