

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

State File No. **44869**

FILED DEC 18 1953

191

BIRTH NO. _____		REG. DIST. NO. 333		PRIMARY REG. DIST. NO. 3074		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Scott				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Scott			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sikeston		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN (If outside corporate limits) write RURAL and give township) Sikeston 1003		d. STREET ADDRESS (If rural, give location) 103 No. Hauldy	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mrs Delta Community				4. DATE OF DEATH (Month) (Day) (Year) Dec. 3 1953			
3. NAME OF DECEASED (Type or Print) a. (First) Charles Francis		b. (Middle) _____		c. (Last) Ward		4. DATE OF DEATH (Month) (Day) (Year) Dec. 3 1953	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Sept-29-1889	
9. AGE (In years last birthday) 64		10. MONTHS 4		11. DAYS 2		12. HOURS 2	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY Grainery		11. BIRTHPLACE (City and State or Foreign Country) Pittsfield, Ill.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME James R. Ward		13b. MOTHER'S MAIDEN NAME Nellie Hopkins		14. NAME OF HUSBAND OR WIFE Anna			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Anna Ward Sikeston Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal hemorrhage		DUPLICATE OF (b) Chronic duodenal ulcer				5 days	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		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)		5410	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 11-27, 1953 , to 12-3, 1953 , that I last saw the deceased alive on 12-2, 1953 and that death occurred at 2:00 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE E. D. Urban M. D. (Degree or title)				23b. ADDRESS Sikeston		23c. DATE SIGNED 12-4-53	
24a. JOURNAL, CREMATION, REMOVAL (Specify)		24b. DATE Dec 5 1953		24c. NAME OF CEMETERY OR CREMATORY Garden of Memory		24d. LOCATION (City, town, or county) (State) Sikeston, Mo	
DATE REC'D BY LOCAL REG. Dec 10-53		REGISTRAR'S SIGNATURE Mrs Clara Hunter 429		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Orville Taylor Sikeston Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

1003

RECEIVED DEC 14 1953
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 1253-267

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

J. Edg. Milliker

Licensed Embalmer No. 4695

P. O. Address E. Prairie, 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.