

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11727

FILED MAY 9 1955

BIRTH NO. _____		REG. DIST. NO. 141		PRIMARY REG. DIST. NO. 3025		Registrar's No. 13	
1. PLACE OF DEATH a. COUNTY Howell				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Howell			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN West Plains		c. LENGTH OF STAY (in this place) 49 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN West Plains		046/0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Christa Hogan Hospital				d. STREET ADDRESS (If rural, give location) 509 East Main Street.			
3. NAME OF DECEASED (Type or Print)		a. (First) EDNA		b. (Middle) ALICE		c. (Last) WARD	
4. DATE OF DEATH		(Month) May		(Day) 2,		(Year) 1955	
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Jan. 10, 1898	
9. AGE (In years last birthday) 57		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HR. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) homemaker		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Pottersville, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Con V. Riley			13b. MOTHER'S MAIDEN NAME Josephine Bond			14. NAME OF HUSBAND OR WIFE Leland F. Ward	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Leland F. Ward, West Plains, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MYOCARDIAL INFARCTION 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. NONE -					INTERVAL BETWEEN ONSET AND DEATH 6-7 hours
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)		4201	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 5-1-55 , to 5-3-55 , that I last saw the deceased alive on 5-2-55 , and that death occurred at 2:30 m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Jack N. Wilson, M.D.				23b. ADDRESS West Plains, Mo.		23c. DATE SIGNED 5-3-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE May 4, 1955		24c. NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery		24d. LOCATION (City, town, or county) (State) West Plains, Mo.	
DATE REC'D BY LOCAL REG. 5-6-55		REGISTRAR'S SIGNATURE Beatrice Cook		25. FUNERAL DIRECTOR'S SIGNATURE Hal Thornburg		ADDRESS W. Plains, 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, ~~by~~

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Hal Stamben

Licensed Embalmer No.

3408

P. O. Address

W. Plains,

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.