

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10178**

FILED APR 10 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **282** PRIMARY REG. DIST. NO. **4424** Registrar's No. **39**

1. PLACE OF DEATH a. COUNTY <b>Polk</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Polk</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Humansville</b>	c. LENGTH OF STAY (In this place) <b>19 years</b>	c. CITY OR TOWN <b>Humansville</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <b>0840</b>	

3. NAME OF DECEASED a. (First) <b>Margaret</b> b. (Middle) <b>Isabelle</b> c. (Last) <b>Ward</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>3 27 56</b>		
5. SEX <b>Fe</b>	6. COLOR OR RACE <b>Wh</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>May 18, 1861</b>		9. AGE (In years last birthday) <b>94</b> If UNDER 1 YEAR: Months <b>10</b> Days <b>9</b> If UNDER 4 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Dallas County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Benjamin Fortner</b>		13b. MOTHER'S MAIDEN NAME <b>Louisa C. Ash</b>		14. NAME OF HUSBAND OR WIFE <b>John F. Ward</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>--</b>		16. SOCIAL SECURITY NO. <b>--</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Effie Pealer, Humansville, Mo.</b>	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Inanition &amp; Debilitation</b>		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES DUE TO (b) <b>Primary carcinoma of Right Chest</b> DUE TO (c) <b>Carcinomatosis</b>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Smility</b>			

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?	
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22. I hereby certify that I attended the deceased from **Oct 14, 1957**, to **March 27, 1956**, that I last saw the deceased alive on **March 7, 1956**, and that death occurred at **9 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>R. K. [Signature]</b> (Degree or title)		23b. ADDRESS <b>Humansville, Mo</b>		23c. DATE SIGNED <b>3/30/56</b> (State)	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3/29/56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Humansville Cemetery</b>	
				24d. LOCATION (City, town, or county) <b>Humansville, Mo.</b>	

DATE REC'D BY LOCAL REG. <b>April 6, 1956</b>		REGISTRAR'S SIGNATURE <b>Ralph Gardner per Sewell Ward</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Beckwith funeral Home, Humansville, MO</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

300  
48

58

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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.....  
Signature of Student Embalmer

Signed *O. H. Beckwith*.....

Licensed Embalmer No. *393*.....

P. O. Address *Humana*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.