

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 18 1956

State File No. **17224**

BIRTH NO. _____		REG. DIST. NO. 267		PRIMARY REG. DIST. NO. 5905		Registrar's No. 94			
1. PLACE OF DEATH a. COUNTY Pemiscot				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pemiscot					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural Portageville)		c. LENGTH OF STAY (in this place) 38 yrs.		c. CITY OR TOWN Portageville		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Rural Route 2				e. STREET ADDRESS (If rural, give location) Rural Route 2					
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Thomas Joe c. (Last) Ward			4. DATE OF DEATH (Month) (Day) (Year) May 8, 1956						
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 2-7-1883	9. AGE (In years as birthday) 73	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____			
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 (City and State or Foreign Country) Perry County, Tenn.		12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME William Henry Ward		13b. MOTHER'S MAIDEN NAME Climnytine Rone		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		16. SOCIAL SECURITY NO. 492-42-2378		17. INFORMANT'S SIGNATURE OR NAME ADDRESS R. W. Ward R. 2 Portageville, 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular accident ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cardiac Decompensation				INTERVAL BETWEEN ONSET AND DEATH 10 min years 18 mo	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		331X			
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) _____		21f. HOW DID INJURY OCCUR? _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from Dec , 1954, to May 1 , 1956, that I last saw the deceased alive on May 1 , 1956, and that death occurred at 5:20 P. m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Daniel R Hensley M.D.		23b. ADDRESS Box 196 Claxwell Mo		23c. DATE SIGNED 5/9/56					
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5-10-56	24c. NAME OF CEMETERY OR CREMATORY Camp Ground Cemetery	24d. LOCATION (City, town, or county) (State) Decatersville, Tenn.					
DATE REC'D BY LOCAL REG. 5-12-56		REGISTRAR'S SIGNATURE John H. German		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Osburn Funeral Home, Wardell, Mo.					

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

60

5-127-56

MAY 17 1956

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

MAY 22 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *James A. Dabe*

Licensed Embalmer No. 518

P. O. Address Wardell,

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.