S. No. 300
V. 10.48

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

FILED OCT 3 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29984

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 481

1. PLACE OF DEATH
a. COUNTY: BUTLER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POPLAR BLUFF
c. LENGTH OF STAY (in this place): 10 MIN.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): POPLAR BLUFF HOSPT

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO.
b. COUNTY: WAYNE
c. CITY OR TOWN: GREENVILLE
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): ✓

3. NAME OF DECEASED (Type or Print)
a. (First): WESLEY
b. (Middle): LEE
c. (Last): WARD

4. DATE OF DEATH (Month) (Day) (Year): SEPT 13-56

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: JAN-21-1890
9. AGE (In years last birthday): 66
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 HIGHWAY WORKER
10b. KIND OF BUSINESS OR INDUSTRY: HIGHWAY
11. BIRTHPLACE (City and State or Foreign Country): COLDWATER, MO.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: FRANK WARD
13b. MOTHER'S MAIDEN NAME: REBECA GREGORY
14. NAME OF HUSBAND OR WIFE: GUSTA WARD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ✓
(If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: 490-14-0738
17. INFORMANT'S SIGNATURE OR NAME: GUSTA WARD
ADDRESS: GREENVILLE 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hardened Arteries — years.

DUE TO (c)

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: 331X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 13, 1956, *to* Sept 13, 1956, *that I last saw the deceased alive on* Sept 13, 1956, *and that death occurred at* 8 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John F Wagner M.D.
23b. ADDRESS: Greenville, Mo.
23c. DATE SIGNED: 9-16-56

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 9-16-56
24c. NAME OF CEMETERY OR CREMATORY: GREENVILLE CEM.
24d. LOCATION (City, town, or county) (State): GREENVILLE MO.

DATE REC'D BY LOCAL REG.: 9/24/56
REGISTRAR'S SIGNATURE: By [illegible]
FUNERAL DIRECTOR'S SIGNATURE: Hugh Funeral Home Greenville, Mo. By Marvin E Bowles
ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

489

RECEIVED
OCT 1 1956
BUTLER CO. HEALTH CENTER
FILE No._____

NOV 13 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....me...., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Marvin E. Bowler

Licensed Embalmer No. 442

P. O. Address Fredmont

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu 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.