

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040939

STATE FILE NUMBER

FILED NOV 24 1958

Registration District No. 267

Primary Registration District No. 3049

Registrar's No. 229

All diseases in Part I must be causally related to death. Every disease listed in Part I must be causally related to death. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hayti</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Lilbourn</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Hayti Hosp.</u>		Length of stay in lb <u>1 month</u>		d. STREET ADDRESS (If outside, give location) <u>4th. St.</u>		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>Eddie</u> Middle <u>Otho</u> Last <u>Ward</u>				4. DATE OF DEATH Month <u>November</u> Day <u>13</u> Year <u>1958</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Dec. 20 1898</u>		9. AGE (In years last birthday) <u>59</u>	10. F UNDER 1 YEAR Months <u>10</u> Days <u>22</u>	11. IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Greenway, Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Van Ward</u>			13b. MOTHER'S MAIDEN NAME <u>??? Finch</u>			14. NAME OF HUSBAND OR WIFE <u>Pearl Ward</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT Address <u>Truman Ward-Lilbourn, Mo.</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Quiana fectionis - Sudden</u>							INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Diphtheria mellitica</u>							<u>2 yrs.</u>	
DUE TO (c) <u>Pericarditis - chr.</u>							<u>1 yr.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Anterobolarrisis Generalis</u>							<u>3 yrs.</u>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>260X</u>					
20c. TIME OF INJURY Hour <u></u> Month, Day, Year <u></u> a.m. <u></u> p.m. <u></u>			20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
20e. PLACE OF INJURY (e.g., in or about home, farm,actory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Lilbourn</u>			COUNTY <u>Mo.</u> STATE <u></u>			
21. I attended the deceased from <u>10-19-58</u> to <u>11-13-58</u> and last saw ^{him} alive on <u>11-13-58</u> Death occurred at <u>11:00 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>W. D. O.</u> (Degree or title)				22b. ADDRESS <u>Hayti, Mo.</u>		22c. DATE SIGNED <u>11-15-58</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>11-15-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mounds Park</u>		23d. LOCATION (City, town, or county) (State) <u>Lilbourn, Mo.</u>			
24. FUNERAL DIRECTOR <u>Ponder Funeral Home-Lilbourn, Mo.</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>11-18-58</u>		26. REGISTRAR'S SIGNATURE <u>John O. Sorman</u>		

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CARTHERSVILLE, MO.

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 *Homer L. Ponder*

Licensed Embalmer No. *3367*

P. O. Address *Tilbourn, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.