

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 34479

FILED OCT 20 1954

BIRTH NO. _____		REG. DIST. NO. 172		PRIMARY REG. DIST. NO. 4272		Registrar's No. 78	
1. PLACE OF DEATH a. COUNTY <u>Lafayette County</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Blairtown Mo</u> b. COUNTY <u>Henry</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Waverly</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Blairtown Mo</u>		d. STREET ADDRESS (If rural, give location) <u>General delivery</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Halling Clinic</u>				d. STREET ADDRESS (If rural, give location) <u>General delivery</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rhce M</u>		b. (Middle) _____		c. (Last) <u>Ward</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 16 1954</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov. 23-1882</u>	
9. AGE (In years last birthday) <u>71</u>		10. MONTHS <u>71</u>		11. YEARS <u>71</u>		12. HOURS <u>71</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Daniel Albin</u>		13b. MOTHER'S MAIDEN NAME <u>Hattie Hugh</u>		14. NAME OF HUSBAND OR WIFE <u>Oscar T. Ward</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Orval Ward Blairtown - Mo.</u>			
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) <u>Comp. Fr. left hip</u> <u>and Fr. right hip</u> <u>radial nerve</u> <u>due to (b) severe laceration of leg &amp; fracture of</u> <u>the underlying cause last.</u> DUE TO (c) <u>scalp &amp; skull</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Severe shock &amp; hemorrhage.</u> <u>Motor car collision.</u>				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION <u>10-15-54</u>		19b. MAJOR FINDINGS OF OPERATION <u>Closure / Laceration</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT GUXIDE HOMICIDE <u>Motor Car collision</u>		21b. PLACE OF INJURY (a. In or about home, farm, factory, street, open bldg., etc.) <u>on highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Waverly Lafayette 054</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>10:15-54</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Motor car collision</u>					
22. I hereby certify that I attended the deceased from death, 1954, Oct 16-54, 1954, that I last saw the deceased alive on _____, 19____, and that death occurred at 12:14 m., from the causes and on the date stated above.							
23a. SIGNATURE <u>W. Martin</u>				23b. ADDRESS <u>Corona 2</u>		23c. DATE SIGNED <u>Oct 16-54</u>	
24a. BURNED, CREMATION, REMOVAL (Specify) <u>Interment</u>		24b. DATE <u>Oct 17-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Carpenter Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Chilhowee - Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Oct. 16-1954</u>		REGISTRAR'S SIGNATURE <u>Chayton H. Landrum</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bailey Funeral Home</u>		ADDRESS <u>Waverly Mo.</u>	

(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, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Maris D. Bailey*

Licensed Embalmer No. *14887*

P. O. Address *Waverly, Missouri*

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.