

FILED APR 11 1955

STANDARD CERTIFICATE OF DEATH

State File No. 8063

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 4234 Registrar's No. 25

470

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

1. PLACE OF DEATH a. COUNTY <u>IRON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MADISON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>IRONTON.</u>		c. CITY OR TOWN	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>1 DAY</u>		e. STREET ADDRESS (If rural, give location) <u>11 mi. S.E. of FREDERICKTOWN</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. MARY'S OF THE OZARKS</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>HENRY</u> c. (Last) <u>WARD</u>		4. DAY OF DEATH (Month) (Day) (Year) <u>MARCH 25 1955</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>MAY 28 1879</u>
9. AGE (In years last birthday) <u>75</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>17</u>	IF UNDER 24 HRS. Hours _____ Min. _____
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 <u>FARMING.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>TENN.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>		13a. FATHER'S NAME <u>GEO. W WARD</u>	
13b. MOTHER'S MAIDEN NAME <u>SARAH E RICHARDSON</u>		14. NAME OF HUSBAND OR WIFE <u>MOLLIE COMAS WARD (DECEASED)</u>	
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.	
17. INFORMANT'S SIGNATURE OR NAME <u>611 X</u>		ADDRESS	
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, ashenia, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute cystitis (retention of urine)</u>			<u>?</u>
ANTECEDENT CAUSES DUE TO (b) <u>Acute prostatitis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			<u>?</u>
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Acute myocarditis and hypertension</u>			<u>?</u>
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?	
22. I hereby certify that I attended the deceased from <u>3-24-55</u> , 19 <u>55</u> , to <u>3-25-55</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>3-25-55</u> , 19 <u>55</u> , and that death occurred at <u>7:52 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>R. S. Harland, M.D.</u> (Degree or title)		23b. ADDRESS <u>Ironton, Missouri</u>	23c. DATE SIGNED <u>3-29-55</u>
24a. BURIAL CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>3/27/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SPRING VALLEY</u>	24d. LOCATION (City, town, or county) (State) <u>MADISON COUNTY, MO.</u>
DATE REC'D BY LOCAL REG. <u>4-4-55</u>	REGISTRAR'S SIGNATURE <u>Mrs. G. Jones</u>	25. GENERAL DIRECTOR'S SIGNATURE <u>FREDERICKTOWN, MO.</u> ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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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 Raymond Wilson

Licensed Embalmer No. 4884

P. O. Address Frederick

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.