

**THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **39832**

No. 3007 DEC 2 1952
10.48

BIRTH NO. _____		REG. DIST. NO. <u>297</u>		PRIMARY REG. DIST. NO. <u>0021</u>		Registrar's No. <u>87</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>Ray</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Ray</u>		admission) _____	
b. CITY, (If outside corporate limits, write RURAL and give township OR TOWN <u>Rural - Grape Grove</u>)		c. LENGTH OF STAY (in this place) <u>65 years</u>		c. CITY OR TOWN <u>Rural - Grape Grove</u>		8890	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 miles north East Millville</u>				d. STREET ADDRESS (If rural, give location) <u>5 miles north East Millville</u>			
3. NAME OF DECEASED			4. DATE OF DEATH			5. SEX	
a. (First) <u>IDA</u>	b. (Middle) <u>MATILDA</u>	c. (Last) <u>WOLLARD</u>	(Month) <u>November</u>	(Day) <u>15</u>	(Year) <u>1952</u>	Males <u>Female</u>	Females <u>Female</u>
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>December 29, 1876</u>		9. AGE (In years last birthday) <u>75</u>	if UNDER 1 YEAR Months <u>11</u> Days <u>16</u>	if UNDER 6 Mths. Hours _____ Mins. _____
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>Housekeeping</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Carroll County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Ferguson</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Carlson</u>		14. NAME OF HUSBAND OR WIFE <u>J. M. Wollard</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>J. M. Wollard, Richmond, Missouri</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intracranial hemorrhage</u>				<u>7 days</u>	
		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <u>Hypertensive Cardiovascular disease</u> <u>15 years</u> DUE TO (c) <u>Arteriosclerotic Cardiovascular disease</u> <u>20 years</u>					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral thrombosis</u>				<u>2 years</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) <u>none</u>		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>2/6</u>, 19<u>50</u>, to <u>11-15</u>, 19<u>52</u>, that I last saw the deceased alive on <u>11/15</u>, 19<u>52</u>, and that death occurred at <u>5:45 P.M.</u>, from the causes and on the date stated above.							
23a. SIGNATURE (Name or title) <u>M. L. Masterson, MD</u>				23b. ADDRESS <u>Richmond, Mo.</u>		23c. DATE SIGNED <u>11/22/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Nov. 18, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Hope</u>	24d. LOCATION (City, town, or county) (State) <u>Ray County, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>Nov 24-1952</u>		REGISTRAR'S SIGNATURE <u>Malcolm Jackson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>2401-1/2 E. Franklin Home</u>			
				ADDRESS <u>FRANKLIN, MISSOURI per body</u>			

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

Received Nov 24

APR 12 1955

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 _____

Licensed Embalmer No. 4866

P. O. Address Richmond, Va.

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.