

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>Ladysmith</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>	
b. CITY OR TOWN <u>Springton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springton Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Smile NE. Wallville</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>MAURIE</u> c. (Last) <u>WOLLARD</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>February 6, 1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH (Month) (Day) (Year) <u>September 14, 1875</u>
9. AGE (In years) (Months) (Days) (Hours) (Min.) <u>77 4 20</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 <u>General Farming</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Russellville Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Samuel Wollard</u>		13b. MOTHER'S MAIDEN NAME <u>Estelle Grace</u>	
14. NAME OF HUSBAND OR WIFE <u>John Hutchins Wollard</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'S SIGNATURE OR NAME <u>Hubert Wollard, Richmond, Missouri</u> ADDRESS <u>4201</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Thrombosis of coronary artery</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis, generalised</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</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>2/25</u> , 19 <u>50</u> , to <u>2/6</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>2/5</u> , 19 <u>53</u> , and that death occurred at <u>3:30A</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>M. L. Masterson, M.D.</u> (Degree or title)		23b. ADDRESS <u>Richmond, Mo.</u>	
23c. DATE SIGNED <u>2/9/53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE <u>Feb 8, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Hope</u>	
24d. LOCATION (City, town, or county) (State) <u>Ray County, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Guost-hike Funeral Home</u> ADDRESS <u>Richmond, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>2-17-53</u>		REGISTRAR'S SIGNATURE <u>M. M. S. Equator</u>	

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

5423

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. _____

P. O. Address _____

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.