

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **4025**  
206  
Registrar's No. **206**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000**

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. CITY OR TOWN <b>St. Joseph</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>40 Yrs</b>		e. STREET ADDRESS (If rural, give location) <b>201 South 20th St. 0117 6</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph's Hospital</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Joseph</b> b. (Middle) <b>Samuel</b> c. (Last) <b>Ward</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 17, 1955</b>
5. SEX <b>Male 0</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 15, 1895</b>
9. AGE (In years last birthday) <b>59</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Owner Operator Auto Service Station</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Cameron, Mo. 0</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>John B. Ward</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Ann Wethoit</b>	14. NAME OF HUSBAND OR WIFE <b>Opal Ward</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no, or unknown) (If yes, give war or dates of service) <b>Yes W.W.# I</b>		16. SOCIAL SECURITY NO. <b>491-09-9211</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs Opal Ward 201 So. 20th, City</b>
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinomatosis</b> INTERVAL BETWEEN ONSET AND DEATH <b>17/54</b> ANTECEDENT CAUSES DUE TO (b) <b>Carcinoma of Rectum</b> <b>6 months.</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of Rectum same.</b>		20. AUTOPSY? <b>154X</b> 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 <b>11/19</b> , 19 <b>54</b> , to <b>2/17</b> , 19 <b>55</b> , that I last saw the deceased alive on <b>2/17</b> , 19 <b>55</b> , and that death occurred at <b>5:45p</b> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Frank J. Vandegard</b>		23b. ADDRESS <b>620 Francis St., City</b>	23c. DATE SIGNED <b>2/18/55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Feb. 21, 55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olivet Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Mo.</b>
DATE REC'D BY LOCAL REG. <b>Feb 23, 1955</b>	REGISTRAR'S SIGNATURE <b>485</b> <b>Kathleen M. Allison</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Herman W. Sidenfaden St. Joseph, Mo.</b>	

*Dr Hartigan*

MAR 2 1951

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 *Robert H. Gable* .....

Licensed Embalmer No. 3308

P. O. Address St. Joseph, .....

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.