

FILED APR 14 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1309  
8460

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b>		b. COUNTY <b>Grundy</b>	
b. CITY OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Trenton</b>		c. LENGTH OF STAY (In this place) <b>18 days</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Research Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>Route 3</b>			

3. NAME OF DECEASED (Type or Print) <b>WILLIAM</b>		a. (First)	b. (Middle)	c. (Last) <b>WARD</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>March 23, 1955</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>July 25, 1894</b>	9. AGE (In years last birthday) <b>60</b>	# UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Livingston Co. Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>

13a. FATHER'S NAME <b>James William Ward</b>		13b. MOTHER'S MAIDEN NAME <b>Cassie Belle Burin</b>		14. NAME OF HUSBAND OR WIFE <b>Gladys Ward</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>491-28-0978</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Gladys Ward, Trenton, Missouri</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>Caecina of rectum - Mild post-operative peritonitis</b>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>6+ weeks</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		II. OTHER SIGNIFICANT CONDITIONS <b>None</b>		154X	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b)		DUE TO (c)			

19a. DATE OF OPERATION <b>3/9/55</b>		19b. MAJOR FINDINGS OF OPERATION <b>Caecina of rectum</b>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 **3/3, 1955**, to **3/23, 1955**, that I last saw the deceased alive on **3/23, 1955**, and that death occurred at **9:55 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>L. A. Guer, M.D.</b> (Degree or title)		23b. ADDRESS <b>K.C. 6 Mo 1612 Professional Bldg</b>		23c. DATE SIGNED <b>3/23/1955</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>3-23-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Plain View Cem</b>	
		24d. LOCATION (City, town, or county) (State) <b>Trenton, Missouri</b>			

DATE REC'D BY LOCAL REG. <b>3-23-55</b>		REGISTRAR'S SIGNATURE <b>Neva Marshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>STINE &amp; McCLURE UND. CO. K.C. MO.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

*Dr. Claude Gilbert*  
*1012 5th St*

*Epp 9:05 a.m.*

**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 *J. Crowell* \_\_\_\_\_

Licensed Embalmer No. *4904* \_\_\_\_\_

P. O. Address *H.C. 9me* \_\_\_\_\_

**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.