

FILED FEB 20 1956

STANDARD CERTIFICATE OF DEATH

State File No. 5747

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 74

1. PLACE OF DEATH  
a. COUNTY **Nodaway**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE **Missouri** b. COUNTY **Nodaway**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Maryville**

c. CITY OR TOWN **Maryville**

d. Is Residence within limits of a city or incorporated town? Yes  No

c. LENGTH OF STAY (in this place) **36 hrs.**

e. STREET ADDRESS (If rural, give location) **108 North Buchanan 01420**

d. FULL NAME OF HOSPITAL OR INSTITUTION **St. Francis Hospital**

3. NAME OF DECEASED (Type or Print)  
a. (First) **WILLIAM** b. (Middle) \_\_\_\_\_ c. (Last) **WARD** 4. DATE OF DEATH (Month) (Day) (Year) **2 9 56**

5. SEX  Male  Female  
6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed**

8. DATE OF BIRTH **10/30/66**

9. AGE (in years last birthday) **89** 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Shoemaker-retired**

11a. FATHER'S NAME **Mark Ward**

11b. MOTHER'S MAIDEN NAME **Rachael Babcock**

11c. NAME OF HUSBAND OR WIFE **Anna D. Laughlin Ward, dec'd**

12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **no**

13. SOCIAL SECURITY NO. \_\_\_\_\_

14. INFORMANT'S SIGNATURE OR NAME ADDRESS **Miss Wilda Ward, Maryville, Mo.**

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) **Acute Intestinal Obstruction**  
ANTECEDENT CAUSES **Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.** DUE TO (b) **mesenteric Thrombosis**  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS **Conditions contributing to the death but not related to the disease or condition causing death.**

INTERVAL BETWEEN ONSET AND DEATH **3 days**  
**3 days**

19a. DATE OF OPERATION \_\_\_\_\_

19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ **5702**

20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from **Feb 6, 1956**, to **Feb. 9, 1956**, that I last saw the deceased alive on **Feb 9, 1956** and that death occurred at **4:50A** m., from the causes and on the date stated above.

23a. SIGNATURE **[Signature]** (Degree or title) **M. D.**

23b. ADDRESS **Maryville, Mo.**

23c. DATE SIGNED **2-10-56**

24a. BURIAL, CREMATION, REMOVAL (Specify) **burial**

24b. DATE **2/11/56**

24c. NAME OF CEMETERY OR CREMATORY **Memorial Park**

24d. LOCATION (City, town, or county) (State) **St. Joseph, Missouri**

DATE REC'D BY LOCAL REG. **2-12-56**

REGISTRAR'S SIGNATURE **[Signature]**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Price Funeral Home, Maryville, Mo.**

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

FEB 28 1963

MAY 1 1961

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 *Clara M. Pineda*

Licensed Embalmer No. *182*

P. O. Address *Marysville*

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.