

No. 300  
10-48

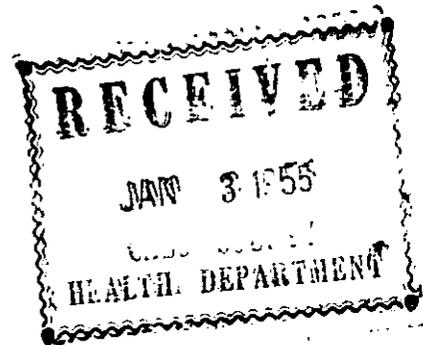
FILED JAN 5 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40368**  
Registrar's No. **205**

BIRTH NO. _____		REG. DIST. NO. <b>59</b>		PRIMARY REG. DIST. NO. <b>5227</b>		Registrar's No. <b>205</b>	
1. PLACE OF DEATH a. COUNTY <b>Cass</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cass</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Harrisonville</b>		c. LENGTH OF STAY (in this place) <b>3 months</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Garden City</b>		0190	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Pleasant View Rest Home</b>				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Ernest</b> b. (Middle) <b>Newton</b> c. (Last) <b>Ward</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>12 30 1954</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>Jan. 18-1882</b>	
9. AGE (In years last birthday) <b>72</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b> farming</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Dayton, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Issac Ward</b>		13b. MOTHER'S MAIDEN NAME <b>Angeletta Underwood</b>		14. NAME OF HUSBAND OR WIFE <b>Mary Emma Ward</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mr. Glas. Ward Garden City, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>ADENOCARCINOMA PROSTATE</b>				INTERVAL BETWEEN ONSET AND DEATH <b>2 1/2 yrs</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: _____ DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Cerebral Arteriosclerosis</b>					
19a. DATE OF OPERATION <b>✓</b>		19b. MAJOR FINDINGS OF OPERATION <b>✓</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>✓</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>✓</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>177X</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>✓</b>		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>1954</b> to <b>Dec 30, 1954</b> that I last saw the deceased alive on <b>Dec 29, 1954</b> , and that death occurred at <b>Garden City, Mo.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>[Signature]</b> (Type or Print) <b>[Signature]</b>				23b. ADDRESS <b>Harrisonville Mo</b>		23c. DATE SIGNED <b>Dec 31, 1954</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Jan 2-1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Dayton Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Dayton, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>Dec 30 1954</b>		REGISTRAR'S SIGNATURE <b>Nora Barward</b> 457-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Wissinon &amp; Hickney - Garden City, Mo.</b>			

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



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 Billy J. Wiley

Licensed Embalmer No. 4685

P. O. Address Harder City, Mo.

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.