

FILED APR 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12245

State File No.

BIRTH NO. REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4014 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY <u>Atchison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Holt</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Town Fairfax</u>		c. CITY OR TOWN <u>Mound City</u>	
c. LENGTH OF STAY (In this place) <u>5 wks.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fairfax Community Hosp.</u>		e. STREET ADDRESS (If rural, give location) <u>2 Miles Northeast Mound City</u>	
3. NAME OF DECEASED a. (First) <u>LUCILE</u>		b. (Middle) <u>MEANS</u>	
c. (Last) <u>WARD</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4 16 1956</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 22, 1893</u>	
9. AGE (In years last birthday) <u>62</u>		10. IF UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>In the home</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Atchison County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Robert Means</u>		13b. MOTHER'S MAIDEN NAME <u>Ora Strickler</u>	
14. NAME OF HUSBAND OR WIFE <u>Clifford Ward</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>Clifford Ward, Mound City, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma right Ovary</u>		INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Carcinoma Lemia Rt Inguinal</u>	
19a. DATE OF OPERATION <u>Sept 1, 1955</u>		19b. MAJOR FINDINGS OF OPERATION <u>Hemiated Rt Ovarian Carcinoma through Rt Inguinal Ring</u>	
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) <u>175X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>Aug 15, 1955</u> , to <u>March 16, 1956</u> , that I last saw the deceased alive on <u>March 16, 1956</u> , and that death occurred at <u>7:30 P. m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Joseph J. Sweeney M.D.</u>		23b. ADDRESS <u>Oregon Missouri</u>	
23c. DATE SIGNED <u>4-18-56</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>4/19/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mount Hope Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Mound City, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Harold H. Schaefer</u>	
DATE REC'D BY LOCAL REG. <u>April 19, 1956</u>		REGISTRAR'S SIGNATURE <u>Harold H. Schaefer</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Harold H. Schaefer</u>		ADDRESS <u>Mound City, Mo.</u>	

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APR 27 1958

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.....
James H. Crawford

Licensed Embalmer No. 47

P. O. Address *Mound*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.