

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **31199**

FILED SEP 18 1950

No. 300
10.48

0730
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. 246		PRIMARY REG. DIST. NO. 5835		Registrar's No. 17		
1. PLACE OF DEATH a. COUNTY NEWTON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY NEWTON				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ROUTE 4 Joplin Mo		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ROUTE 4 Joplin Mo		0730		
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) SOUTHEAST 8 miles				
3. NAME OF DECEASED (Type or Print) a. (First) SAMUEL b. (Middle) O c. (Last) WARE			4. DATE OF DEATH 9-10-50		5. SEX M		6. COLOR OR RACE W	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH Aug-26-1861		9. AGE (In years last birthday) 89		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RAILWAY POST OFFICE SERVICE - BOWLING GREEN, Mo		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY CIVIL		11. BIRTHPLACE (State or foreign country) BOWLING GREEN, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME HENRY WARE		13b. MOTHER'S MAIDEN NAME SUSAN OGLE		14. NAME OF HUSBAND OR WIFE MRS JESSIE WARE				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Mrs Jessie Ware				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolus ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Vegetative Endocarditis DUE TO (c) Rheumatic Fever as child. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 4 1/2 X		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)				
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 March, 1947 , to Sept 10, 1950 , that I last saw the deceased alive on Sept. 9, 1950 , and that death occurred at 9:30 a.m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Michael Steigandt, Embalmer				23b. ADDRESS 2330 Cannon		23c. DATE SIGNED 9/11/50		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 9/13/50		24c. NAME OF CEMETERY OR CREMATORY MT HOPE		24d. LOCATION (City, town, or county) (State) WEBB CITY MO		
DATE REC'D BY LOCAL REG. 9-14-50		REGISTRAR'S SIGNATURE Edw. James		25. FUNERAL DIRECTOR'S SIGNATURE HURLBUX & COVER MORTUARY				

(Licensed Embalmer's Statement on Reverse Side)

DEC 7 1950

SEP 19 1950

OCT 17 1950

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 _____

Earnest Hicks

Student Embalmer No. 372

working under my personal supervision.

Student *Earnest Hicks*
Student Embalmer

Signed *Perry K. Hurlbut*

Licensed Embalmer No. 909

P. O. Address *Japan, Kansas*

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.