S. No. 300
v. 10-48

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

FILED MAR 20 1951

THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 9397

BIRTH NO. _____ REG. DIST. NO. 236 PRIMARY REG. DIST. NO. 4352 Registrar's No. 13

**1. PLACE OF DEATH**
a. COUNTY: Morgan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Versailles
c. LENGTH OF STAY (In this place): Lifetime
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): East Hill

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Morgan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Versailles 0710
d. STREET ADDRESS (If rural, give location): East Hill

**3. NAME OF DECEASED** (Type or Print)
a. (First): Robert
b. (Middle): Henry
c. (Last): Ware

**4. DATE OF DEATH** (Month) (Day) (Year): March 13, 1951

**5. SEX**: Male 2
**6. COLOR OR RACE**: Negro
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: July 7, 1880
**9. AGE** (In years last birthday): 70
If under 1 year: Months 6 Days 6
If under 1 day: Hours ___ Min. ___

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Laberor
**10b. KIND OF BUSINESS OR INDUSTRY**: None
**11. BIRTHPLACE** (State or foreign country): Morgan Co., Mo. U
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Robert Ware
**13b. MOTHER'S MAIDEN NAME**: Alice Burris
**14. NAME OF HUSBAND OR WIFE**: Blanch Fowler Ware

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No
(If yes, give war or dates of service): No
**16. SOCIAL SECURITY NO.**: 492-14-7827
**17. INFORMANT'S SIGNATURE OR NAME** / **ADDRESS**: Blanch Ware Versailles, 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — Interval between onset and death: 4 hours

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Hypertension — 6 months
DUE TO (c) Generalized arteriosclerosis — 10 years

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*
331X

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**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) ___ m.
**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 July, 1951, to Feb. 13, 1951, that I last saw the deceased alive on Feb 13, 1951 and that death occurred at 5:00 p.m., from the causes and on the date stated above.

**23a. SIGNATURE** (Degree or title): Jack Grim M.D.
**23b. ADDRESS**: Versailles Mo.
**23c. DATE SIGNED**: 3-14-51

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: Mar. 15-51
**24c. NAME OF CEMETERY OR CREMATORY**: Versailles Colored
**24d. LOCATION** (City, town, or county) (State): Versailles, Mo.

**DATE REC'D BY LOCAL REG.**: Mar 17-1951
**REGISTRAR'S SIGNATURE**: J. L. Wasdberg M.D.
**25. FUNERAL DIRECTOR'S SIGNATURE** / **ADDRESS**: W. F. Burrill Versailles, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 3-19-51
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 3-19-51

---

**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 Raymond C. Farber
Licensed Embalmer No. 4626
P. O. Address Versailles, 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.