

FILED JUL 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21939**

30
0

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

BIRTH NO. _____		REG. DIST. NO. 4		PRIMARY REG. DIST. NO. 4014		Registrar's No. 46			
1. PLACE OF DEATH a. COUNTY Atchison				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Atchison					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fairfax		c. LENGTH OF STAY (in this place) 8 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Tarkio		1030			
d. FULL NAME OF HOSPITAL OR INSTITUTION airfax Community Hospital				d. STREET ADDRESS (If rural, give location) 0					
3. NAME OF DECEASED (Type or Print) ROBERT E WARE			a. (First) _____ b. (Middle) E c. (Last) WARE			4. DATE OF DEATH (Month) (Day) (Year) July 4 1951			
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH June 20, 1880			
9. AGE (In years last birthday) 71		10. MONTHS 14		11. BIRTHPLACE (State or foreign country) Maryville, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) labor		10b. KIND OF BUSINESS OR INDUSTRY day labor							
13a. FATHER'S NAME J. I. Ware			13b. MOTHER'S MAIDEN NAME Sarah Scolby			14. NAME OF HUSBAND OR WIFE Maude 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. 186-03-6280		17. INFORMANT'S SIGNATURE OR NAME J. I. Ware		ADDRESS Tarkio, 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) Pente Ventricular Fibrillation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myo Cardia Infarction 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 12 days	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 4201				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) (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 6-22 , 19 51 , to 7-4 , 19 51 , that I last saw the deceased alive on 7-4 , 19 51 , and that death occurred at 2:30p m., from the causes and on the date stated above.									
23a. SIGNATURE [Signature] (Degree or title) M.D.				23b. ADDRESS Tarkio, Missouri.		23c. DATE SIGNED 7/6/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 7/6/51		24c. NAME OF CEMETERY OR CREMATORY Home Cemetery		24d. LOCATION (City, town, or county) (State) Tarkio, Mo.			
DATE REC'D BY LOCAL REG. July 19, 1951		REGISTRAR'S SIGNATURE Marvin H. Schaefer		25. FUNERAL DIRECTOR'S SIGNATURE Davis Funeral Home		ADDRESS Tarkio, Mo.			



NOV 17 1951

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

John M. Davis

Signed.....

Student Embalmer

Licensed Embalmer No. 2394

P. O. Address Tarkio, 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.