

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38494

State File No. ....

FILED NOV 30 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 6022 Registrar's No. 80

1. PLACE OF DEATH a. COUNTY <u>Ray</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural- Richmond Township</u> <u>0890</u>	
c. LENGTH OF STAY (in this place) <u>30 days</u>		d. STREET ADDRESS (If rural, give location) <u>2 1/2 miles south Richmond, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>County Home</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ROBERT</u>	b. (Middle) <u>WILLIAM</u>	c. (Last) <u>WARE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 18, 1951</u>
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5. SEX <u>Male</u> <u>0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>July 29, 1878</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>19</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Robert R.L. Ware</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Ann Busley</u>	14. NAME OF HUSBAND OR WIFE <u>Never married</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If no, no. or unknown) <u>No</u> (If yes, give war or dates of service) -----	16. SOCIAL SECURITY NO. <u>495-07-1079</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Anna Staff, Kansas City, Mo.</u>	ADDRESS -----
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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		INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>arterio Sclerosis</u>		
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) -----  DUE TO (c) -----	

19a. DATE OF OPERATION -----	19b. MAJOR FINDINGS OF OPERATION. <u>331X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) -----
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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? -----
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22. I hereby certify that I attended the deceased from Nov 17, 1951 to Nov 18, 1951, that I last saw the deceased alive on Nov 18, 1951 and that death occurred at 8:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>E. C. Ray M.D.</u>	23b. ADDRESS <u>Richmond</u>	23c. DATE SIGNED <u>11-23-51</u>
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24a. BURIAL, CREMATION, REINTERMENT (Specify) <u>Burial</u>	24b. DATE <u>11-20-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sunny Slope Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Richmond, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Nov 23, 1951</u>	REGISTRAR'S SIGNATURE <u>Malcolm Jackson</u> <u>273</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas J. Carter</u>	ADDRESS <u>Richmond, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

1891  
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**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 Thomas J. Carter

Licensed Embalmer No. 4474

P. O. Address Richmond, MD

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.