

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 41880  
Registrar's No. 5661

FILED JAN 12 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>JACKSON</b>	
b. CITY OR TOWN <b>KANSAS CITY</b> (If outside corporate limits, write RURAL and give township)		c. CITY OR TOWN <b>KANSAS CITY</b> (If outside corporate limits, write RURAL and give township)	
c. LENGTH OF STAY (in this place) <b>33 YEARS</b>		d. STREET ADDRESS (If rural, give location) <b>4109 Euclid Avenue</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>TRINITY LUTHERAN HOSPITAL</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>CHARLES</b>	b. (Middle) <b>CLYDE</b>	c. (Last) <b>WARE</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Dec-28-1951</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>July 10-1890</b>	9. AGE (In years last birthday) <b>61</b>	10. MONTHS <b>1</b>	11. DAYS <b>28</b>	12. HOURS <b>10</b>	13. MIN. <b>00</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Motorman</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>P.C. Public Service</b>	11. BIRTHPLACE (State or foreign country) <b>Centerville Iowa</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>JOHN WARE</b>	13b. MOTHER'S MAIDEN NAME <b>SARAH ELLIS</b>	14. NAME OF HUSBAND OR WIFE <b>JEAN WARE</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>487-01-8359</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Jean Ware</b>	ADDRESS <b>4109 Euclid K.S. Mo</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 Wks.</b>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b>			<b>Year</b>
	DUE TO (c) <b>Diabetes Mellitus</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>Sclerosis</b>			<b>4201</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)	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 **March 8, 1951**, to **Dec 28, 1951**, that I last saw the deceased alive on **Dec 27, 1951**, and that death occurred at **2:00 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Wm. H. Goodson Jr. MD</b>	23b. ADDRESS <b>730 Professional Bg Kansas City, Mo</b>	23c. DATE SIGNED <b>12/28/51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	24b. DATE <b>DEC-30-1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>OAKLAND CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>CENTERVILLE IOWA</b>
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DATE REC'D BY LOCAL REG. <b>12-29-51</b>	REGISTRAR'S SIGNATURE <b>Geraldine Holmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>D.W. Newcomer Sons</b>	ADDRESS <b>1331 BRIM CREEK KANSAS CITY MO.</b>
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

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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 \_\_\_\_\_

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed Charles H. Stickney

Signed.....  
Student Embalmer

Licensed Embalmer No. 4560

P. O. Address KC, 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.