

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8629**
1052

FILED MAR 22 1952

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| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. _____ | | | |
| 1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u> | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give town or town) <u>Kansas City Missouri</u> | | c. LENGTH OF STAY (In this place) <u>2 Days</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Waverly</u> | | 1540 | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Lukes Hospital KCMO 24th and Nichols Road</u> | | | | d. STREET ADDRESS (If rural, give location) <u>X 1</u> | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Addison</u> | | b. (Middle) <u>G</u> | | c. (Last) <u>WARE</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>March 3 1952</u> | | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>April 25-1884</u> | | | |
| 9. AGE (In years last birthday) <u>67</u> | | IF UNDER 1 YEAR Months Days | | IF UNDER 12 HRS. Hours Min. | | | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Commercial</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Fisherman</u> | | 11. BIRTHPLACE (State or foreign country) <u>Livingston Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | | |
| 13a. FATHER'S NAME <u>Joseph Ware</u> | | 13b. MOTHER'S MAIDEN NAME <u>unknown</u> | | 14. NAME OF HUSBAND OR WIFE <u>Lilly Altra Ware</u> | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Lilly Ware</u> | | ADDRESS <u>Waverly mo.</u> | | | |
| 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 | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory Failure</u> | | | | DUE TO (b) <u>Myasthenic Gravis</u> | | | | <u>12 hours</u> | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | | DUE TO (c) | | | | <u>7440</u> | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Difficult Swallowing</u> | | | | | | | | <u>2 weeks +</u> <u>2 days</u> | |
| 19a. DATE OF OPERATION <u>March 3-1952</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>Esophagoscopy - No local pathology</u> | | | | 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 <u>March 1 10⁵²</u> to <u>March 3 1952</u> , that I last saw the deceased alive on <u>March 3 1952</u> , and that death occurred at <u>8 P. m.</u> from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE <u>John S. Knight</u> (Degree or title) <u>MD</u> | | | | 23b. ADDRESS <u>11039 Olive KCMO</u> | | 23c. DATE SIGNED <u>March 4-52</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE <u>3-4-52</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Waverly Cemetery</u> | | 24d. LOCATION (City, town or county) (State) <u>Concordia, MO</u> | | | |
| DATE REC'D BY LOCAL REG. <u>3-5-52</u> | | REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>France Wornall</u> ADDRESS <u>Funeral Home</u> | | | | | |

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

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 *Russell M. France*

Licensed Embalmer No. *4255*

P. O. Address *K.C. 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.