

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28843

AUG 26 1952

BIRTH NO. REG. DIST. NO. 242 PRIMARY REG. DIST. NO. 5830 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY New Madrid				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY New Madrid			
d. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural West		c. LENGTH OF STAY (in this place) 2 1/2		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural		0728	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4 miles south of Canolou				d. STREET ADDRESS (If rural, give location) 4 miles south of Canolou			
3. NAME OF DECEASED (Type or Print) a. (First) Lillian			b. (Middle)			c. (Last) Ware	
4. DATE OF DEATH (Month) (Day) (Year) August 14 1952		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH March 29 1913		9. AGE (In years last birthday) 39		10. MONTHS 4		11. DAYS 15	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) Oklahoma	
12. CITIZEN OF WHAT COUNTRY? U.S.A.				13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Alice Spradley	
14. NAME OF HUSBAND OR WIFE Allie 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. None	
17. INFORMANT'S SIGNATURE OR NAME Allie Ware Canolou, Mo.				ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 14 Mo. +	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis, Primary of uterus		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)				II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 174X		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)		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 20 Aug, 1951 , to 14 Aug, 1952 , that I last saw the deceased alive on 12 Aug, 1952 , and that death occurred at 02:23 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE Charles C. Keiser M.D. (Degree or title)				23b. ADDRESS New Madrid, Mo.		23c. DATE SIGNED 15 Aug 52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-14-58		24c. NAME OF CEMETERY OR CREMATORY Mounds Park		24d. LOCATION (City, town, or county) (State) Lilbourn, Mo.	
DATE REC'D BY LOCAL REG. 8/23-52		REGISTRAR'S SIGNATURE Thomas M. Shetter		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ponder Funeral Home-Lilbourn, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

120

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

Signature

Not Embalmed
Home J. Ponder

Licensed Embalmer No. 3347

P. O. Address Lilbourn, 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.