

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **18682**

BIRTH NO. **FILED MAY 26 1953** REG. DIST. NO. **20** PRIMARY REG. DIST. NO. **5738** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Macon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Macon</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural LA PLATA TOWNSHIP</b>		c. CITY (If outside corporate limits; write RURAL and give township) OR TOWN <b>La Plata, Mo.</b>	
c. LENGTH OF STAY (In this place) <b>MENTAL</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4 Mi. West of La Plata, Mo.</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>D.B.</b>	b. (Middle) <b>Ray</b>	c. (Last) <b>Wares</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>May 9, 1953</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>Jan, 28, 1889</b>	9. AGE (In years last birthday) <b>64</b>	IF UNDER 1 YEAR Months <b>3</b> Days <b>11</b>	IF UNDER 24 HRS. Hours <b>11</b> Min. <b>11</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Same</b>	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>				

13a. FATHER'S NAME <b>Augusta Wares</b>	13b. MOTHER'S MAIDEN NAME <b>Nancy B. Kelly</b>	14. NAME OF HUSBAND OR WIFE <b>Frankie Wares</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>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs Frankie Wares La Plata, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>2 years</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>coronary Occlusion</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4201</b>	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) m.	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 **Aug 1952** to **May 9, 1953**, that I last saw the deceased alive on **May 9, 1953**, and that death occurred at **8:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Harold Keith Deane</b> (Degree or title)	23b. ADDRESS <b>La Plata, Mo.</b>	23c. DATE SIGNED <b>5/9/53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>May 11, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>La Plata Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>La Plata Mo.</b>
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DATE REC'D BY LOCAL REG <b>May 12 1953</b>	REGISTRAR'S SIGNATURE <b>Mr. B. W. Rippl</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Walter W. Wilson La Plata, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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APR 25 1955

RECEIVED 5-19-53  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 5-52107  
Date Filed 5-29-53

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 Herbert M. Wilson

Licensed Embalmer No. 4701

P. O. Address La Plata, 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.