

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28247

FILED SEP 1 - 1953

BIRTH NO. _____		REG. DIST. NO. <u>117</u>		PRIMARY REG. DIST. NO. <u>5428</u>		Registrar's No. <u>20</u>	
1. PLACE OF DEATH a. COUNTY <u>Franklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Franklin</u>			
b. CITY OR TOWN <u>Rural, Boone</u>		c. LENGTH OF STAY (in this place) <u>6 yrs</u>		c. CITY OR TOWN <u>Rural, Boone</u>		0360	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS <u>Sullivan Mo. Route 1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Osse</u>		b. (Middle) _____		c. (Last) <u>Ware</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 22, 1953</u>	
5. SEX <u>MO</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M.</u>		8. DATE OF BIRTH <u>Apr 26, 1894</u>	
9. AGE (In years last birthday) <u>59</u>		10. MONTH <u>3</u> DAY <u>25</u>		11. BIRTHPLACE (State or foreign country) <u>Geslie Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work constituting most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		13a. FATHER'S NAME <u>George W Ware</u>		13b. MOTHER'S MAIDEN NAME <u>Martha A Hendrix</u>	
13c. NAME OF HUSBAND OR WIFE <u>Aurelia E. Ware</u>		14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. <u>494-102748</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Aurelia E Ware</u>		18. ADDRESS <u>Sullivan Mo.</u>		19. 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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Sclerosis</u> 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 _____		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) (Minute) _____	
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>Aug 19, 1953</u> to <u>Aug 22, 1953</u> that I last saw the deceased alive on <u>8-19-53</u> , and that death occurred at <u>12 P.M.</u> , from the causes and on the date stated above.		23a. SIGNATURE <u>H. J. Matthews M.D.</u> (Degree or title) _____	
23b. ADDRESS <u>Beaufort Mo</u>		23c. DATE SIGNED <u>8-24-53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 25, 1953</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Emerson Cent</u>		24d. LOCATION (City, town, or county) (State) <u>Geslie Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. H. Lemme</u>		ADDRESS <u>Beaufort Mo</u>	
DATE REC'D BY LOCAL REG. <u>8-24-53</u>		REGISTRAR'S SIGNATURE <u>H. J. Matthews</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. H. Lemme</u>		ADDRESS <u>Beaufort Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 25 1959

SEP 9 1959

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
Student Embalmer

Signed.....

Student Embalmer No.

Licensed Embalmer No.

P. O. Address

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.