

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED AUG 26 1955

State File No. **26913**
Registrar's No. **15-35**

BIRTH NO. _____ REG. DIST. NO. **183** PRIMARY REG. DIST. NO. **5682**

1. PLACE OF DEATH a. COUNTY Linn		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Linn	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-North Salem Twp.		c. LENGTH OF STAY (in this place) 22 yrs	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-North Salem Twp.		d. STREET ADDRESS (If rural, give location) Route 1, New Boston	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Home 4 mi. S. of Winigan			

3. NAME OF DECEASED (Type or Print) a. (First) Velma b. (Middle) Evelyn c. (Last) Ware			4. DATE OF DEATH (Month) (Day) (Year) Aug. 6, 1955		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 13, 1909	9. AGE (In years last birthday) 46	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Farm home	11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Erastus Martin	13b. MOTHER'S MAIDEN NAME Mae Reed	14. NAME OF HUSBAND OR WIFE Dale T. Ware
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 498-24-9307	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dale T. Ware, New Boston, Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 7 1/2 minutes
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary insufficiency DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition leading to death Coronary occlusion with infarction		19. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4-201	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) _____ Linn County Mo.
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 7-7, 1955, to 8-6, 1955, that I last saw the deceased alive on 7-7-55, 1955, and that death occurred at 1 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. A. Hudson M.D.	23b. ADDRESS Kirksville, Mo.	23c. DATE SIGNED 8-9-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 10, 1955	24c. NAME OF CEMETERY OR CREMATORY Price cemetery	24d. LOCATION (City, town, or county) (State) Linn County, Mo.
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DATE REC'D BY LOCAL REG. Aug. 17, 55	REGISTRAR'S SIGNATURE Elva Crookshanks	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Glenn E. Kenton, Green City, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10.48

580

0580

AUG 29 1938

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 *Karl R. Kent*

Licensed Embalmer No. *4689*

P. O. Address *Brun City, 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.