

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13549

State File No.

1430

Registrar's No.

No. 300
10.48

FILED APR 18 1956

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No.	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Jackson		a. STATE Kansas		b. COUNTY Wyandotte			
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY OR TOWN Kansas City		c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital				e. STREET ADDRESS (If rural, give location) 830 Splitlog			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) Eddie		b. (Middle)		c. (Last) Ware Jr.		Month (Day) (Year) March 31, 1956	
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH May 21, 1919/7/8	
9. AGE (In years last birthday) 37 yrs.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bell Hop		10b. KIND OF BUSINESS OR INDUSTRY Coates Courts House		11. BIRTHPLACE (City and State or Foreign Country) Oklahoma City, Oklahoma	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Eddie Ware Sr.		13b. MOTHER'S MAIDEN NAME Della Edmonson		14. NAME OF HUSBAND OR WIFE Pauline Ware	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. WW11 440-05-4651		17. INFORMANT'S SIGNATURE OR NAME Eddie Ware Sr.		ADDRESS 925 N.E. Indiana	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				(a) Bronchial Adenoma (Post Operative)		INTERVAL BETWEEN ONSET AND DEATH 1 week	
				DUE TO (b) Bronchial Adenoma with Chronic Suppurative disease of Right Lung		5 years	
				DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				1624			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Bronchial Adenoma Right Lung Primary				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 <u>Mar 7, 1956</u> , to <u>Mar 31, 1956</u> , that I last saw the deceased alive on <u>Mar 29, 1956</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE Florence E. Mac Innis MD				23b. ADDRESS 1103 Grand, Kansas City, Mo		23c. DATE SIGNED 4/2/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4/5/56		24c. NAME OF CEMETERY OR CREMATORY Oklahoma City, Oklahoma		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. 4-2-56		REGISTRAR'S SIGNATURE Neva Minshall		25. FUNERAL DIRECTOR'S SIGNATURE Walter B. ...		ADDRESS 15th & Benton	

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.....
Signature of Student Embalmer

Signed *Bruce J. Watkins*.....

Licensed Embalmer No. 45-6

P. O. Address 18th ✓

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.