

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40453**

No. 300  
10.48

FILED DEC 17 1956

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>382</u>	
1. PLACE OF DEATH a. COUNTY <b>Adair</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Linn</b>			
b. CITY (If outside corporate limits, write RURAL and give town) <b>Kirksville</b>		c. LENGTH OF OR TOWN <b>18 days</b> (in this place)		c. CITY OR TOWN <b>New Boston</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Laughlin Hospital</b>				STREET ADDRESS (If rural, give location) <b>Route 1, New Boston</b> <i>0580</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Ward</b>		b. (Middle) <b>Henry</b>		c. (Last) <b>Ware</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 9, 1956</b>	
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>Nov. 25, 1893</b>	
9. AGE (In years last birthday) <b>63</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
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>Gen. Farming</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Timothy T. Ware</b>			13b. MOTHER'S MAIDEN NAME <b>Eva L. Campbell</b>			14. NAME OF HUSBAND OR WIFE <b>Nettie Crist Ware</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) <b>No</b>		16. SOCIAL SECURITY (If yes, give war or dates of service) <b>488-22-5979</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Nettie C. Ware, New Boston, Mo.</b>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <b>Coronary Thrombosis With myocardial infarction</b> ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b> <u>420.1</u>				INTERVAL BETWEEN ONSET AND DEATH <b>18 days</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS 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) (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 <u>Nov 22, 1956</u> to <u>Dec 9, 1956</u> , that I last saw the deceased alive on <u>Dec 9, 1956</u> , and that death occurred at <u>9:10 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <b>J. T. Rhoads D.O.</b> (Degree or title)				23b. ADDRESS <b>Kirksville, Mo</b>		23c. DATE SIGNED <b>12-9-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Dec. 12, 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Price Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Linn Co., Mo.</b>	
DATE REC'D BY LOCAL REG. <b>12-13-56</b>		REGISTRAR'S SIGNATURE <b>Kate Lambert</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Glenn E. Keat &amp; Son, Green City, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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.....  
*Karl R. Lent*

Licensed Embalmer No. *468*

P. O. Address *Green City*

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.