

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 1 - 1957

13477
State File No. 1726

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1726

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|---|-------------------------------|--|--------------------------------------|
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | | c. CITY OR TOWN <u>Independence</u> | |
| c. LENGTH OF STAY (in the place) <u>5 days</u> | | d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u> | | e. STREET ADDRESS (If rural, give location) <u>7005 11911 E. 43rd</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Homer</u> b. (Middle) <u>Edwin</u> c. (Last) <u>Ware</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>April 12, 1957</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Nov 29, 1874</u> |
| 9. AGE (In years last birthday) <u>82</u> | | 10. KIND OF BUSINESS OR INDUSTRY <u>Farm</u> | |
| 10a. USUAL OCCUPATION (Give kind of work the during most of working life, even if retired) <u>Ret. Farmer</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Lee's Summit, Mo</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | 13a. FATHER'S NAME <u>Allison Ware</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Jane Clark</u> | | 14. NAME OF HUSBAND OR WIFE <u>Ernie Lee Ware</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u> (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. <u>None</u> | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Ernie Lee Ware</u> | | ADDRESS <u>11911 E. 43rd</u> | |
| 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, assthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Heart Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Moderate Hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Coronary Sclerosis</u> | |
| INTERVAL BETWEEN ONSET AND DEATH <u>4-yr</u> <u>10 yrs</u> <u>4 1/2 yr.</u> <u>15 yrs.</u> | | 20. AUTOPSY? <u>0</u> YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 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>Jan 18 45</u> , to <u>April 12, 1957</u> , that I last saw the deceased alive on <u>4-11</u> , 19 <u>57</u> , and that death occurred at <u>5:30 A.</u> m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u> | | 23b. ADDRESS <u>KC Mo</u> | |
| 23c. DATE SIGNED <u>4/12/57</u> | | 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | |
| 24b. DATE <u>April 15, 1957</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Washington Cem</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo</u> | | DATE REC'D BY LOCAL REG. <u>4-13-57</u> | |
| REGISTRAR'S SIGNATURE <u>neva minshall</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Kepley-Raytown Funeral Home</u> | |
| ADDRESS <u>Raytown, Mo</u> | | | |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
W. M. Ketcham



AUG 7 1957

281-025

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.....
Dipon L. Kelly

Licensed Embalmer No. *4225*

P. O. Address.....
Indep m

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.