

FILED AUG 2 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24088

STATE FILE NUMBER

Registration District No. 112 Primary Registration District No. 5428 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>FRANKLIN</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>RR. SULLIVAN</u> Inside Limits Yes ☐ No ☒		c. CITY OR TOWN <u>RR. SULLIVAN</u> Inside Limits Yes ☐ No ☒	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u> Length of stay in lb <u>Life</u>		d. STREET ADDRESS (If outside, give location) <u>No. of Sullivan</u> Reside on Farm Yes ☐ No ☐	
3. NAME OF DECEASED (Type or print) First <u>CHARLES</u> Middle <u>WARE</u> Last <u>WARE</u>		4. DATE OF DEATH Month <u>7</u> Day <u>27</u> Year <u>57</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH <u>JAN 9, 1878</u>
9. AGE (In years last birthday) <u>79</u>		10. IF UNDER 1 YEAR Months <u>6</u> Days <u>1</u> Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	
11. BIRTHPLACE (City and state or country) <u>Leslie, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>GEORGE WARE</u>		14. MOTHER'S MAIDEN NAME <u>MARTHA HENDRICKS</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 <u>AMANDA CREASON, SULLIVAN</u>		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral thromboses</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>General Arteriosclerosis</u> DUE TO (c) <u>332x</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Hypertensive cardiovascular disease</u>			
INTERVAL BETWEEN ONSET AND DEATH <u>5 mo.</u>			
19a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		19b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour <u>4:45 A</u> Month <u>7</u> Day <u>27</u> Year <u>57</u> a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>Jan 1948</u> to <u>July 27</u> and last saw her/him alive on <u>July 26</u> Death occurred at <u>4:45 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>John J. de laune MD</u>		22b. ADDRESS <u>Sullivan, Mo</u>	
22c. DATE SIGNED <u>7/29/57</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>7-29-57</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>LAUBINGER CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>SULLIVAN MO.</u>	
24. FUNERAL DIRECTOR <u>H. M. EATON, SULLIVAN, MO</u>		25. DATE RECD. BY LOCAL REG. <u>July 29-1957</u>	
26. REGISTRAR'S SIGNATURE <u>John Charles Finley</u>			

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *J. A. Humphrey*.....
Licensed Embalmer No. *47*

P. O. Address *Bedford*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.