

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-020214

STATE FILE NUMBER

360

6225

Registrar's No. 86

FILED MAY 26 1959

Registration District No.

Primary Registration District No.

S. 300  
p. 1-57

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Camden</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Washington Twp.</u>		c. CITY OR TOWN <u>Camdenton</u>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Inside Limits <u>Unknown</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL <u>Nevada State Hospital</u>		d. STREET ADDRESS <u>Unknown</u> (If outside, give location)	
Length of stay in 1b <u>#3 0-1-14</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>NANNIE</u> Middle Last <u>WARE</u>			4. DATE OF DEATH Month <u>5</u> -Day <u>9</u> -Year <u>1959</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <u>WIDOWED</u> <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>3-7-1868</u>
9. AGE (In years last birthday) <u>91</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, when retired) <u>Housewife</u>	11. BIRTHPLACE (City and state or country) <u>Virginia</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>A</u>		12. CITIZEN OF WHAT COUNTRY? <u>u.s.a.</u>	
13a. FATHER'S NAME <u>J. Settle</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>William WARE</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT <u>Adm Papers</u>
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>Broncho Pneumonia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>36 Hours</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Coronary Vessel Disease</u>			Years
DUE TO (c) <u>Senil Dementia</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Senil Dementia</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>	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>3-25-'59</u> to <u>5-9-'59</u> and last saw <sup>him</sup> <u>him</u> alive on <u>5-9-'59</u> Death occurred at <u>11:30 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>[Signature]</u> F. Allen Pickens, M.D.		22b. ADDRESS <u>Nevada, Mo.</u>	22c. DATE SIGNED <u>5-9-'59</u>
23a. SURVEILLANCE REMOVAL (Specify)	23b. DATE <u>5/9/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Seymour Masonic Cem</u>	23d. LOCATION (City, town, or county) (State) <u>Seymour - Mo.</u>
24. FUNERAL DIRECTOR <u>BERGman - Miller - Seymour - Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>5-23-1959</u>	26. REGISTRAR'S SIGNATURE <u>Uma E. Jurey</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *Max L Miller* .....

Licensed Embalmer No. *4720*  
P. O. Address *Manassas VA*

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.