

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-011009

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 86

Primary Registration District No. 5329

Registrar's No. 17-1963

FILED APR 1 1963

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Crawford</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>mo.</u> b. COUNTY <u>Crawford</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>OAK Hill TWSP</u>		Length of stay in 1b <u>23 years</u>	c. CITY OR TOWN <u>Cuba</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>At Home</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Route # 2</u>
3. NAME OF DECEASED (Type or print) First <u>Jesse</u> Middle <u>Samuel</u> Last <u>Ware</u>			4. DATE OF DEATH Month <u>March</u> Day <u>27</u> Year <u>1963</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>March 5, 1888</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>	9. AGE (last birthday) <u>75</u>
13a. FATHER'S NAME <u>Abraham Ware</u>		13b. MOTHER'S MAIDEN NAME <u>Charity Shinn</u>	11. BIRTHPLACE (City and state or country) <u>Roberts Arkansas</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <u>No Nil</u>		16. SOCIAL SECURITY NO. <u>[Redacted]</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage (C.V.A.)</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Arteriosclerosis</u>		14. NAME OF DECEASED WIFE <u>Annie K. Osborn</u> Address <u>RT # 2 Cuba, mo</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	17. INFORMANT <u>Mrs Annie Ware</u>
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT 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 <u>Cuba</u>
21. I attended the deceased from _____ to _____ and last saw <u>her</u> alive on <u>3-22-63</u> Death occurred at <u>11:17 P.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
22a. SIGNATURE (Degree or title) <u>Edwin K. Munkley, D.O.</u>		22b. ADDRESS <u>Bourbon, Mo.</u>	22c. DATE SIGNED <u>3-25-63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>30 March 1963</u>	23c. NAME OF CEMETERY <u>Delhi</u>	23d. LOCATION (City, town, or county) (State) <u>Cuba mo.</u>
24. FUNERAL DIRECTOR <u>Hoener Funeral Home</u>		25. DATE RECD. BY LOCAL REG. <u>3-28-1963</u>	26. REGISTRAR'S SIGNATURE <u>W. C. Davis</u> <u>Acting</u>

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 _____

Licensed Embalmer No. 4673

P. O. Address Cuba, MO.

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.