

24071

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED AUG 12 1949

No. 300

10-48

61000

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 201 PRIMARY REG. DIST. NO. 4314 Registrar's No.

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>Macon</u>	b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Atlanta</u>	a. STATE <u>Mo</u>	b. COUNTY <u>macon</u>
c. LENGTH OF STAY (in this place) <u>mo</u>	d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Atlanta</u>	d. STREET ADDRESS (If rural, give location) <u>✓</u>
3. NAME OF DECEASED			4. DATE OF DEATH
a. (First) <u>James</u>	b. (Middle) <u>Gooding</u>	c. (Last) <u>Wares</u>	(Month) (Day) (Year) <u>July 19 1949</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH
<u>never</u>	<u>never</u>	<u>never</u>	<u>May 3 1874</u>
9. AGE (In years last birthday)	10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
<u>75</u>	<u>Farmer</u>	<u>macon Co., Mo</u>	<u>U.S.A.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
<u>Retired</u>	<u>Farmer</u>	<u>macon Co., Mo</u>	<u>U.S.A.</u>
13a. FATHER'S NAME <u>Augustus Wares</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy B. Kelly</u>	14. NAME OF HUSBAND OR WIFE <u>Ida Wares</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS	
<u>no</u>	<u>none</u>	<u>Raymond Wares Kirksville Mo</u>	
18. CAUSE OF DEATH	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
Enter only one cause per line for (a), (b), and (c):	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Arteriosclerosis</u>		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES (b) <u>paralytic</u>		
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. (c)		
	II. OTHER SIGNIFICANT CONDITIONS: (d) <u>357X</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY?	YES <input type="checkbox"/> NO <input 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)	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>April</u> , 19 <u>48</u> , to <u>July 19</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>July 19, 1949</u> , and that death occurred at <u>9:30 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED	
<u>Dr. G. G. Lyda M.D.</u>	<u>Atlanta Mo</u>	<u>7-25-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
<u>Burial</u>	<u>July 21-49</u>	<u>Mt. Labor</u>	<u>Atlanta Mo</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	
<u>Aug 11 1949</u>	<u>Geo. B. Griffin</u>	<u>Embroidering Atlanta Mo</u>	

(If signed Embalmers' Statement on Reverse Side)

AUG 16 1949

RECEIVED AUG 10 1949
District Health Officer N
District File Number 8-47
Date Filed AUG 10 1949

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 _____
Student Embalmer

Signed

H. M. Goodding

Licensed Embalmer No. 1750

P. O. Address Atlanta Ga

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 this body is not embalmed, fact should be so stated above.