

NOV 25 1952

# STANDARD CERTIFICATE OF DEATH

State File No. **39581**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **240** PRIMARY REG. DIST. NO. **5827** Registrar's No. **59**

0720

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

1. PLACE OF DEATH a. COUNTY <b>NEW MADRID</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>NEW MADRID</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>LILBOURN RURAL</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL LILBOURN 0720</b>	
c. LENGTH OF STAY (In this place) <b>4 YRS</b>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print) a. (First) <b>WILLIAM</b>	b. (Middle) <b>THOMAS</b>	c. (Last) <b>WARE</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>NOV 7 1952</b>
--	---------------------------	-----------------------	--

5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>	8. DATE OF BIRTH <b>APR 3 1872</b>	9. AGE (In years last birthday) <b>80</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 100 HRS. Hours _____ Min. _____
--------------------	-------------------------------	---	------------------------------------	---	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>FARMING</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>MALDEN, MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
---	--	--	--

13a. FATHER'S NAME <b>JAMES HENRY WARE</b>	13b. MOTHER'S MAIDEN NAME <b>PEGGY</b>	14. NAME OF HUSBAND OR WIFE <b>NONE</b>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>Art Warr</b>	ADDRESS <b>Box 124 MERRIFIELD, VA</b>
--	-------------------------------	---	---------------------------------------

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchus Pneumonia</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arterio-Sclerosis Bronchitis</b> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <b>Arterio-Sclerosis</b>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 **Nov 1, 1952**, to **Nov 7, 1952**, that I last saw the deceased alive on **Nov 4, 1952**, and that death occurred at **7:0** m., from the causes and on the date stated above.

23a. SIGNATURE <b>E. E. Jones</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>Lilbourn Mo.</b>	23c. DATE SIGNED <b>Nov 12-52</b>
---	----------------------------------	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>NOV 10 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>GARDENPOINT</b>	24d. LOCATION (City, town, or county) (State) <b>WEST RIDGE ARK</b>
---	------------------------------	---	---

DATE REC'D BY LOCAL REG. <b>11-22-52</b>	REGISTRAR'S SIGNATURE <b>H. L. Ponder</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. J. Turner</b>	ADDRESS <b>Home Osceola Ark</b>
--	---	--	---------------------------------

---

---

**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\_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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.