

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED SEP 22 1953

BIRTH NO. _____ REG. DIST. NO. 442 PRIMARY REG. DIST. NO. 4362 Registrar's No. 14

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

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Morehouse, Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Morehouse, Mo</u>	
c. LENGTH OF STAY (In this place) <u>40 Years</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Alice</u> b. (Middle) <u>Curtis</u> c. (Last) <u>Ware</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9</u> <u>4</u> <u>1953</u>		
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	
8. DATE OF BIRTH <u>1/10/68</u>			9. AGE (In years last birthday) <u>85</u>		10. MONTHS <u>7</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Ill</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Sam Curtis</u>		13b. MOTHER'S MAIDEN NAME <u>Paralie Pennell</u>		14. NAME OF HUSBAND OR WIFE <u>Louis Ware</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>William Brown Morehouse, Mo</u>	
ADDRESS					

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION <u>Cerebral Hemorrhage</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b)
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>		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 <u>9-1</u>		21e. INJURY OCCURRED WHILE AT WORK? () NOT WHILE AT WORK ()		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 9-1 1953, to 9-4 1953, that I last saw the deceased alive on 9-4 1953, and that death occurred at 12.00 m from the causes and on the date stated above.

22a. SIGNATURE <u>D.M. Jones, M.D.</u>		22b. ADDRESS <u>Morehouse, Mo.</u>		22c. DATE SIGNED <u>9-8-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/6/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Valley</u>	
				24d. LOCATION (City, town, or county) (State) <u>2 Mile North Of Essex, Mo</u>	

DATE REC'D BY LOCAL REG. <u>9/19-53</u>		REGISTRAR'S SIGNATURE <u>Thomas M. Shuter</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Henry Jones</u>	
				ADDRESS <u>Director</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
Student Embalmer

Signed _____

John Allerton

Licensed Embalmer No. 2941

P. O. Address Sebaston,

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.