No. 300
10-48

FILED MAY 17 1954

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16980

BIRTH NO. _____ REG. DIST. NO. 390 PRIMARY REG. DIST. NO. 4442 Registrar's No. _____

880

1. PLACE OF DEATH
a. COUNTY: Randolph
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Higbee
c. LENGTH OF STAY (in this place): 40 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Randolph
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Higbee Mo 0880
d. STREET ADDRESS (If rural, give location): Randolph Street

3. NAME OF DECEASED (Type or Print): a. (First) JOHN b. (Middle) BURK c. (Last) WARE

4. DATE OF DEATH (Month) May (Day) 10 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Dec 22 ~~1873~~ 1874
9. AGE (In years last birthday): ~~80~~ 79 | IF UNDER 1 YEAR Months 5 Days 12 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Govenmt work
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME: William F. Ware
13b. MOTHER'S MAIDEN NAME: Adeline Hawkins
14. NAME OF HUSBAND OR WIFE: Alpha Ware Higbee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 483-22-3389
17. INFORMANT'S SIGNATURE OR NAME: Alpha Ware ADDRESS: Higbee

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4222
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-1-, 1952, *to* 5-10, 1954, *that I last saw the deceased alive on* 5-10-, 1954, *and that death occurred at* 12:40 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: V Robinson (Degree or title) D.O.
23b. ADDRESS: Higbee, Mo
23c. DATE SIGNED: 5-12-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 12-54
24c. NAME OF CEMETERY OR CREMATORY: Oakland Cem
24d. LOCATION (City, town, or county): Moberly (State) Mo

DATE REC'D BY LOCAL REG.: May 17-54
REGISTRAR'S SIGNATURE: JOE W Bu[illegible] 452
25. FUNERAL DIRECTOR'S SIGNATURE: H S - Robinson ADDRESS: Higbee Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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 S Roberson

Licensed Embalmer No. 3001

P. O. Address Higbee

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.