

FILED MAY 31 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14745

State File No.

BIRTH NO.		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 513	
1. PLACE OF DEATH a. COUNTY-- Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		c. LENGTH OF STAY (in this place) 36 years		c. CITY OR TOWN St. Joseph		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospital				STREET ADDRESS (If rural, give location) 1907 So. 13th St.			
3. NAME OF DECEASED (Type or Print) a. (First) Fidella			b. (Middle)			c. (Last) Ware	
4. DATE OF DEATH May 19, 1955		5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	
8. DATE OF BIRTH February 21, 1882		9. AGE (In years last birthday) 73		IF UNDER 1 YEAR Months Days Hours Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	
10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (City and State or Foreign Country) Hemrietta, Missouri		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME David Graham		13b. MOTHER'S MAIDEN NAME Caroline Harvey		14. NAME OF HUSBAND OR WIFE Thomas			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS J. B. Ware, 1907 S. 13th St., St. Joseph, Mo.			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Lead disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. H200				INTERVAL BETWEEN ONSET AND DEATH 15 days 1/55	
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) (m.)		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 5/4 , 19 55 , to 5/18 , 19 55 , that I last saw the deceased alive on 5/18 , 19 55 , and that death occurred at 2:45 a. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Frank Vandeyar, M.D.				23b. ADDRESS 670 Francis St., City		23c. DATE SIGNED 5/20/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 5/21/1955		24c. NAME OF CEMETERY OR CREMATORY Sunnyslope Cemetery		24d. LOCATION (City, town, or county) (State) Richmond, Missouri	
DATE REC'D BY LOCAL REG. May 25, 1955		REGISTRAR'S SIGNATURE Lochner M. Allison		485 Photon Bowman		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS St Joseph, Mo.	

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

STATEMENT BY LICENSÉD 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 *Eugene Wood*.....

Licensed Embalmer No. *3804*.....

P. O. Address *314 South St. H.*.....

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.