

FILED OCT 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20159

BIRTH NO. _____ REG. DIST. NO. 201 PRIMARY REG. DIST. NO. 4315 Registrar's No. _____

0615

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

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ladlata</u>		c. LENGTH OF STAY (in this place) <u>50</u>	c. CITY OR TOWN <u>Ladlata</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>0615</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Brooker</u> c. (Last) <u>Ware</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 30-55</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>11-6-1975</u>
9a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Retail Farmer</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>Retail Farm Work</u>	9. AGE (In years last birthday) <u>79</u> Months <u>10</u> Days <u>24</u>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Retail Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retail Farm Work</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Macon Co. Mo.</u>
13a. FATHER'S NAME <u>Augustus Ware</u>		13b. MOTHER'S MAIDEN NAME <u>Maney Kelley</u>	14. NAME OF HUSBAND OR WIFE <u>Lura Ware</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>1</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lura E. Ware</u> ADDRESS <u>Ladlata Mo</u>
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart failure</u> INTERVAL BETWEEN ONSET AND DEATH <u>9 wks</u> ANTECEDENT CAUSES DUE TO (b) <u>Left Ventricular failure</u> DUE TO (c) <u>Hypertensive Vascular disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Ca of Liver</u> 3 mo	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>443XH</u>	
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>Dec 10</u> , 1954, to <u>Sept 30</u> , 1955, that I last saw the deceased alive on <u>Sept 29</u> , 1955, and that death occurred at <u>5:00 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>O. L. Nordwender</u> (Degree or title)		23b. ADDRESS <u>Atlanta Mo</u>	23c. DATE SIGNED <u>10-4-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Oct-2-55</u>	24c. NAME OF CEMETERY OR CREMATORIUM <u>Ladlata cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Ladlata Mo</u>
DATE REC'D BY LOCAL REG. <u>Oct 5 1955</u>	REGISTRAR'S SIGNATURE <u>Mrs. O. B. Gifford</u>	FUNERAL DIRECTOR'S SIGNATURE <u>D. Skrutnie</u> ADDRESS <u>Ladlata Mo.</u>	



RECEIVED 10.11.55
 MAGON COUNTY HEALTH DEPARTMENT
 County File No. 10.55.167
 Date Filed 10.12.55

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, Signature of Student Embalmer

Signed D.S. Christie

Licensed Embalmer No. 1109

P. O. Address Ladysburg

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.