No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37006

FILED OCT 21 1957

BIRTH NO. _____ REG. DIST. NO. 390 PRIMARY REG. DIST. NO. 4442 Registrar's No. 73

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): 12 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at his home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Randolph
c. CITY OR TOWN: Higbee
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 880 U

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

4. DATE OF DEATH (Month) (Day) (Year): Oct - 14 - 57

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Jan - 13 - 1868
9. AGE (In years on last birthday): 89 — IF UNDER 1 YEAR: Months 9, Days 1 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Howard Co
12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: James Ware
13b. MOTHER'S MAIDEN NAME: Hannah Morris
14. NAME OF HUSBAND OR WIFE: Mary - F - Ware
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.: no
17. INFORMANT'S SIGNATURE OR NAME & ADDRESS: Mary - F - Ware Higbee 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Medullary Failure — INTERVAL BETWEEN ONSET AND DEATH: 6 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Thrombotic Encephalomalacia — 1 wk
DUE TO (c) Advanced Arteriosclerosis — unknown

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: 332 X
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* 8-28, 1957, *to* 10-14, 1957, *that I last saw the deceased alive on* 10-14, 1957, *and that death occurred at* 7:50 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Per Y. Brolinson D.O.
23b. ADDRESS: Keytesville Mo
23c. DATE SIGNED: 8-15-57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct 17 1957
24c. NAME OF CEMETERY OR CREMATORY: Higbee City Cemt
24d. LOCATION (City, town, or county) (State): North Higbee Mo

DATE REC'D BY LOCAL REG.: Oct 16-57
REGISTRAR'S SIGNATURE: Joe W Burton
25. FUNERAL DIRECTOR'S SIGNATURE & ADDRESS: H. S. - Robinson Higbee Mo

(Licensed Embalmer's Statement on Reverse Side)

453

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed H. S. Robertson

Licensed Embalmer No. 3001

P. O. Address Hugoll

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