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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-035291
STATE FILE NUMBER

FILED SEP 30 1958 Registration District No. 360 Primary Registration District No. 6215 Registrar's No. 180

1. PLACE OF DEATH
a. COUNTY: Vernon
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Horton — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): R#1 — Length of stay in Hospital:

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Vernon
c. CITY OR TOWN: Horton — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): R#1 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: William Middle: Thomas Last: Ware
4. DATE OF DEATH: Month: September Day: 16 Year: 1958
5. SEX: M
6. COLOR OR RACE: Wh
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: April 2, 1881
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (City and state or country): Richards, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: Layton Ware
13b. MOTHER'S MAIDEN NAME: Julia Bell Martin
14. NAME OF HUSBAND OR WIFE: ------
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Edward J. Ware Address: Horton, Missouri

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) General Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 18 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) melanoma of the left thumb
DUE TO (c) 1906
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from March, 1955, to Sept. 1958 and last saw him alive on Sept. 4, 1958
Death occurred at 11:45 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: F. H. Martin (Degree or title) M.D.
22b. ADDRESS: 218 E. Hunter Nevada, Mo.
22c. DATE SIGNED: 9-20-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1958 September 16
23c. NAME OF CEMETERY OR CREMATORY: Richards Cemetery
23d. LOCATION (City, town, or county) (State): Richards Missouri

24. FUNERAL DIRECTOR ADDRESS: Ferry Funeral Home Nevada, Missouri
25. DATE RECD. BY LOCAL REG.: 9-22-1958
26. REGISTRAR'S SIGNATURE: Anna E. Ferry

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

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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 .....

Licensed Embalmer No. 4960

P. O. Address .....

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.