...RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED JUL 7 1959

59–022087
STATE FILE NUMBER

Registration District No. 179 Primary Registration District No. 4288 Registrar's No. 59

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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: Lincoln
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Moscow Mills — Length of stay in 1b: 13 yr.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Inside Limits: Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print): First: LAURA Middle: MAY Last: WARE
4. DATE OF DEATH: Month: July Day: 1 Year: 1959
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Jan. 14, 1886
9. AGE (last birthday): 73 — IF UNDER 1 YEAR: Months: 5 Days: 17 — IF UNDER 24 HR: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housework
11. BIRTHPLACE (City and state or country): Piedmont MO.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Fred Dill
13b. MOTHER'S MAIDEN NAME: Roberts
14. NAME OF HUSBAND OR WIFE: William L. Ware
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT: William L. Ware Address: Moscow Mills Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: unk.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Bronchiectasis left lung
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

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 June 1958, to June 1959 and last saw her alive on June 30, 1959
Death occurred at 4:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Paul T Berry (Degree or title) MD.
22b. ADDRESS: Troy, Mo.
22c. DATE SIGNED: 7-2-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: July 3, 1959
23c. NAME OF CEMETERY OR CREMATORY: Park Lane Cemetery
23d. LOCATION (City, town, or county) (State): Desota Mo.

24. FUNERAL DIRECTOR: D.W. McCoy ADDRESS: Troy Mo
25. DATE RECD. BY LOCAL REG.: July 3, 1959
26. REGISTRAR'S SIGNATURE: Charlotte Leek

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed D.W. McCoy

Signature of Student Embalmer

Licensed Embalmer No. 3586

P. O. Address Troy Mo.

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