

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028875

FILED VS AUG 18 1959

Registration District No. 139 Primary Registration District No. \_\_\_\_\_ Registrar's No. 33

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Holt</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Holt</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Corning</b>		Length of stay in lb <b>32 years</b>		c. CITY OR TOWN <b>Corning</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Corning, Mo.</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>-----</b>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Hanson</b> Middle <b>Elarton</b> Last <b>Ware</b>				4. DATE OF DEATH Month <b>August</b> Day <b>3</b> Year <b>1959</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>July 4, 1900</b>		9. AGE (last birthday) <b>59</b>	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Railroad Station Agent</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Railroad</b>		11. BIRTHPLACE (City and state or country) <b>Quitman, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Harry Ware</b>			13b. MOTHER'S MAIDEN NAME <b>Lettie Elarton</b>			14. NAME OF HUSBAND OR WIFE <b>Juanita Ware</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes World War I</b>			16. SOCIAL SECURITY NO. <b>707-07-0810</b>		17. INFORMANT <b>Juanita Ware -- Corning, Mo.</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Thrombosis</b>						INTERVAL BETWEEN ONSET AND DEATH <b>30 min</b>	
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)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <b>May 1959</b> to <b>Aug 3, 1959</b> and last saw <sup>her</sup> <b>him</b> live on <b>Aug 3 59</b> Death occurred at <b>2145 S. ...</b> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Wallace Carpenter M.D.</b>				22b. ADDRESS <b>Rock Port Mo</b>			22c. DATE SIGNED <b>8-5-59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)		
<b>Burial and removal 8/4/59</b>		<b>I.O.O.F.</b>	<b>Quitman</b>		<b>Mo.</b>		
24. FUNERAL DIRECTOR <b>Wilber L. Schooler</b>				25. DATE RECD. BY LOCAL REG. <b>8-11-1959</b>		26. REGISTRAR'S SIGNATURE <b>James H. Crawford</b>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1001

**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 myself, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Wilber L. School

Licensed Embalmer No. 3997

P. O. Address Craig, M

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.

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