

FILED VS JUN 2 0 1960

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

=60-023950

STATE FILE NUMBER

Registration District No. 201 Primary Registration District No. _____ Registrar's No. 146

1. S. 300
ev. 1-57

1. PLACE OF DEATH a. COUNTY Nodaway			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Nodaway		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Graham		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Barnard 07402		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 5 miles So. E. S.		Length of stay in 1b 10 mos	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ANNA Middle _____ Last WARE			4. DATE OF DEATH Month 6 Day 8 Year 1960		
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2. DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 4-6-1875	9. AGE (In years at birthday) 85	IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during last 12 months, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY home-own	11. BIRTHPLACE (City and state or country) Nodaway Co., Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Eise Miller		13b. MOTHER'S MAIDEN NAME Angle Myer		14. NAME OF HUSBAND OR WIFE Peter Kelley Ware	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, not unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. none	17. INFORMANT Address Paul Ware, Barnard, 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) Arterio-sclerotic heart disease Senility Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) 4200					INTERVAL BETWEEN ONSET AND DEATH 5 years
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 _____ Month, Day, Year a.m. _____ p.m. _____					
20d. INJURY OCCURRED WHILE AT <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 5-16-60 to 6-8-60 and last saw her alive on 5-16-60 Death occurred at 10:30 AM m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Paul Ware</i> (Degree or title)			22b. ADDRESS Savannah, Missouri		22c. DATE SIGNED 6-10-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/10/1960	23c. NAME OF CEMETERY OR CREMATORY Bethany Cem.		23d. LOCATION (City, town, or county) (State) Barnard, Mo.	
24. FUNERAL DIRECTOR Atchison Funeral Home, Maryville, Mo.		25. DATE RECD. BY LOCAL REG. 6-11-60	26. REGISTRAR'S SIGNATURE <i>Bess Holt</i>		

Recording this medical certification in this specific manner required by 192.141 MOKS 1949.
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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 George M. Atkinson Jr., Student Embalmer No. 600 working under my personal supervision.

Student George M. Atkinson Jr. Signed G. M. Atkinson
Signature of Student Embalmer

Licensed Embalmer No. 2279
P. O. Address Maryville,

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.