No. 300
10.48

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

FILED MAR 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8111

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2006 Registrar's No. 270

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield
c. LENGTH OF STAY (in this place): 1yr 8mo 16da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): O'Reilly VA Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Iowa
b. COUNTY: Webster
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Badger
d. STREET ADDRESS (If rural, give location): -

3. NAME OF DECEASED (Type or Print)
a. (First): Tom
b. (Middle): None
c. (Last): WARIAND

4. DATE OF DEATH (Month) (Day) (Year): March 23, 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Jan 29, 1883
9. AGE (In years last birthday): 66
IF UNDER 1 YEAR: Months 1 Days 25
IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Carpenter
11. BIRTHPLACE (State or foreign country): Marchall Co., Iowa
12. CITIZEN OF WHAT COUNTRY?: USA.

13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW One
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: O'Reilly VAH, Springfield, 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) Tuberculosis, pulmonary, chronic, far advanced, active.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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* July 8, *19* 47, *to* March 23, *19* 49, *that I last saw the deceased alive on* Mar. 23, *19* 49, *and that death occurred at* 5:20 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. J. Bondurant, M.D., ACT. Clinical Dir.
23b. ADDRESS: O'Reilly VA Hospital Spfld., Mo.
23c. DATE SIGNED: 3/22/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Mar. 24, 1949
24c. NAME OF CEMETERY OR CREMATORY: Fort Dodge, Iowa
24d. LOCATION (City, town, or county) (State): Fort Dodge, Iowa

DATE REC'D BY LOCAL REG.: 3/25/49
REGISTRAR'S SIGNATURE: W. F. Handley M.D.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Gorman-Scharpf Funeral Home, Springfield, Mo.

(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 me, or by .....

..... Student Embalmer No. .....

working under my personal supervision.

Signed Lewis G Schaefer

Signed .....
Student Embalmer

Licensed Embalmer No. 3802

P. O. Address Springfield 7,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.