

64  
CO

FILED MAR 22 1949 THE DIVISION OF HEALTH OF THE STATE OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 5762 Registrar's No. 121

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MARION</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>DURHAM</u> <u>R2#1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>at home</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u>	b. (Middle)	c. (Last) <u>Warning</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 6 1949</u>
--	-------------	--------------------------	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>"hite"</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>NOV 21-1892</u>	9. AGE (In years last birthday) <u>56</u>	IF UNDER 1 YEAR Days <u>3</u>	IF UNDER 24 Hrs. Hours <u>15</u>	IF UNDER 60 Min. Min.
--------------------	--------------------------------	---	-------------------------------------	---	-------------------------------	----------------------------------	-----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>	11. BIRTHPLACE (State or foreign country) <u>QUINCY ILLINOIS</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
---	---	--	--

13a. FATHER'S NAME <u>JOHN WARNING</u>	13b. MOTHER'S MAIDEN NAME <u>NOT KNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>EDNA CAMPBELL</u>
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Herbert Warning</u> ADDRESS <u>2728 Chestnut</u>
--	-------------------------------------	---

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>42 Nov 17</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mitral stenosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Right heart failure</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>MI</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	--

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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
---	--	----------------------------

22. I hereby certify that I attended the deceased from NOV. 12, 1948, to Feb 6, 1949, that I last saw the deceased alive on Feb. 3, 1949, and that death occurred at 2:15 A. M., from the causes and on the date stated above.

23a. SIGNATURE <u>C. E. Shriver D.O.</u> (Degree or title)	23b. ADDRESS <u>Philadelphia</u>	23c. DATE SIGNED <u>2-11-49</u>
--	----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>FEB 9-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>QUINCY MEMORIAL</u>	24d. LOCATION (City, town, or county) (State) <u>Quincy Adams Illinois</u>
---	---------------------------	---	--

DATE REC'D BY LOCAL REG. <u>2-21-49</u>	REGISTRAR'S SIGNATURE <u>Viola Beer, Deputy</u>	189	25. FUNERAL DIRECTOR'S SIGNATURE <u>Paula Vaughan</u> ADDRESS <u>de Grange, Mo</u>
---	---	-----	--

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

---

---

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 .....  
Student Embalmer

Signed

*Paula Vaughan*

Licensed Embalmer No. *4569*

P. O. Address *La Grange, Mo*

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