

No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAY 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13415

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4427 Registrar's No. 60

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Crocker 98</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Waynesville</u> c. LENGTH OF STAY (in this place) <u>5 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cuba</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>De Witt Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>P. R. # 3</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Emma</u>	b. (Middle) <u>Matilda</u>	c. (Last) <u>Warnhoff</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 5, 1949</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>1</u>	8. DATE OF BIRTH <u>Dec. 22, 1910</u>	9. AGE (In years last birthday) <u>38</u>	if UNDER 1 YEAR Months <u>4</u> Days <u>17</u>	if UNDER 100 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Granite City, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>United States</u>
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13a. FATHER'S NAME <u>Patrick Marmion</u>	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE <u>George Warnhoff</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>George Warnhoff</u> ADDRESS <u>P.R. # 3 Cuba, Mo.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Generalized peritonitis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>perforated gastric ulcer</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		3401	

19a. DATE OF OPERATION <u>5-3-49</u>	19b. MAJOR FINDINGS OF OPERATION <u>Perforated wall of gastric ulcer</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 5-1-, 1949, to 5-5, 1949, that I last saw the deceased alive on 5-5, 1949, and that death occurred at 5:05 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>R. O. Diwitt</u> (Degree or title) <u>D.O.</u>	23b. ADDRESS <u>Waynesville Mo.</u>	23c. DATE SIGNED <u>5-5-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-8-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Finder Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Cuba Mo.</u>
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DATE REC'D BY LOCAL REG. <u>May 8, 1949</u>	REGISTRAR'S SIGNATURE <u>Thelma P. Buckhoyer</u> 389	25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul A. Shanklin</u> ADDRESS <u>Cuba, Mo.</u>
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(Licensed Emballer's Statement on Reverse Side)

MAY 14 1949

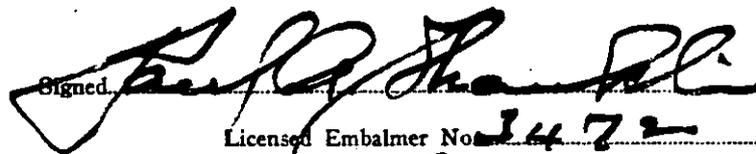
STATEMENT BY LICENSED EMBALMER

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



Signed.....
Student Embalmer

Licensed Embalmer No. 3472

P. O. Address. Cuba, 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.