

FILED OCT 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34229

State File No.

BIRTH NO. 6-5624-49 REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 2032 Registrar's No. 1105

51
2

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

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Warrensburg</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Warrensburg</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>Warrensburg Clinic</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Warrensburg Clinic</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Infant</u>	b. (Middle) <u>William</u>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 19, 1949</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>(1)</u>	8. DATE OF BIRTH <u>8-17-1949</u>	9. AGE (In years last birthday) <u>2 days</u>	IF UNDER 1 YEAR Months Days	IF UNDER 1 HR. Hours Min.
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10a. USUAL OCCUPATION (What kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Warrensburg, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
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13a. FATHER'S NAME <u>Wenton William</u>	13b. MOTHER'S MAIDEN NAME <u>Ruby Westfield</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Wenton William, Kingwood</u>	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Toxemia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Septicemia of mother</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Prematurity (7 mo)</u>			<u>7 Mo</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>Warrensburg Johnson Mo</u>
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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
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22. I hereby certify that I attended the deceased from 8-17-49, 1949, to 8-17-49, 1949, that I last saw the deceased alive on 8-17-49, 1949, and that death occurred at 4a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. F. McK. Lunny MD</u>	23b. ADDRESS <u>Warrensburg Mo</u>	23c. DATE SIGNED <u>9-26-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>8-19-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Holden Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Holden, Mo</u>
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DATE REC'D BY LOCAL REG. <u>Oct 1, 1949</u>	REGISTRAR'S SIGNATURE <u>Savannah Crutcher</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>E. B. East</u>	ADDRESS <u>Holden, Mo</u>
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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 _____

E. B. Cast

Licensed Embalmer No. 4059

P. O. Address Hollm. 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.