

FILED MAY 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13321**

BIRTH NO. 28529-50 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1980

3008
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WRITE PLAINLY--USING UNFAADING BLACK INK--MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Jackson <i>3428</i>	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
c. LENGTH OF STAY (in this place) 2 Day		d. STREET ADDRESS (If rural, give location) 3510 Broadway	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) GARY		b. (Middle) LYNN		c. (Last) WARNOCK		4. DATE OF DEATH (Month) (Day) (Year) 4 28 1950		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH 4 - 26 - 1950		9. AGE (In years last birthday)	IF UNDER 1 YEAR Months 2	IF UNDER 24 HRS. Days 1 Hours 1 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Kansas City, Mo.	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME Robert G. Warnock	13b. MOTHER'S MAIDEN NAME Johanna Ormsbee	14. NAME OF HUSBAND OR WIFE --
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Robert G. Warnock, 3510 Broadway	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, asphyxia, 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) Prematurity, rubeollic gestation		
	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.		7/10 X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" 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)
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 4/26, 1950, to 4/28, 1950, that I last saw the deceased alive on 4/27, 1950, and that death occurred at 2⁰⁰ a. m., from the causes and on the date stated above.

23a. SIGNATURE Hugh H. Hamilton (Degree or title) <i>Hugh H. Hamilton, M.D.</i>	23b. ADDRESS 44 Alameda Rd. K.C. Mo.	23c. DATE SIGNED 4/28/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-29-50	24c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City, Mo.
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DATE REC'D BY LOCAL REG. 4-29-50	REGISTRAR'S SIGNATURE <i>S. M. Holmes</i>	25. FUNERAL DIRECTOR'S SIGNATURE Freeman Mortuary, Kansas City, Mo.	ADDRESS
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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 Walter H. Erwin.....

Licensed Embalmer No. 4352.....

P. O. Address Kansas City, 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.