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FILED AUG 16 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26189  
Registrar's No. 257

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fulton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> <u>3518</u>	
c. LENGTH OF STAY (In this place) <u>1 mo., 4 days</u>		d. STREET ADDRESS (If rural, give location) <u>3621 Warwick</u> <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No 1</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Maggie</u> b. (Middle) <u>-</u> c. (Last) <u>DWEN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>AUG.</u> <u>5,</u> <u>1950</u>		
5. SEX <u>female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> <input checked="" type="checkbox"/>	
8. DATE OF BIRTH <u>8 July 1875</u>		9. AGE (In years last birthday) <u>75</u>		10. IF UNDER 1 YEAR Days <u>0</u> IF UNDER 1 HR. Hours <u>27</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>B.D. Barnes</u>		13b. MOTHER'S MAIDEN NAME <u>PHOEBE Young</u>		14. NAME OF HUSBAND OR WIFE <u>unk</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unk</u>		16. SOCIAL SECURITY NO. <u>unk</u>		17. INFORMANT'S SIGNATURE OR NAME <u>State Hospital Records</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>			INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES 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. <u>Senile Psychosis</u>			<u>33ix</u>

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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 <u>1 July</u> , 19 <u>50</u> , to <u>5 Aug</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>5 Aug</u> , 19 <u>50</u> , and that death occurred at <u>8 15 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>G.S. Warwick</u> (Degree or title) <u>M.D.</u>			23b. ADDRESS <u>Fulton, Mo.</u>		23c. DATE SIGNED <u>5 Aug 50</u>

24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Aug 8 - 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mount Meriah Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo</u>	
DATE REC'D BY LOCAL REG. <u>Aug 6 - 1950</u>		REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u> <u>426</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Wallace Funeral Home</u> <u>Fulton Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

AUG 13 1950

RECEIVED

MAY 14 1951

**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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed Denzil C. Browning

Licensed Embalmer No. 2724

P. O. Address Fulton Md

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.