

FILED DEC 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37980
12220

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 156

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Crawford	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rolla	c. LENGTH OF STAY (In this place) 3 Wks.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cuba 0280	
d. FULL NAME OF HOSPITAL OR INSTITUTION McFarland Nursing Home		d. STREET ADDRESS (If rural, give location) None	

3. NAME OF DECEASED (Type or Print)	a. (First) Henry	b. (Middle) (None)	c. (Last) Warnhoff	4. DATE OF DEATH (Month) (Day) (Year) November 20, 1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed	8. DATE OF BIRTH August 17, 1858	9. AGE (In years last birthday) 92	# UNDER 1 YEAR 3	YEAR 3	# UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Germany 4	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME	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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Henry Warnhoff, Jr. Cuba, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cardiac failure</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 wk.</i> <i>25920</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Arterio-sclerosis</i>		
	DUE TO (c) <i>Senility</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<i>4:30</i>

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)
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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 *Aug 1850*, to *11-20*, 1950, that I last saw the deceased alive on *11-19*, 1950, and that death occurred at *9:35p* m., from the causes and on the date stated above.

23a. SIGNATURE <i>D. D. Bricker M.D.</i> (Degree or title)	23b. ADDRESS <i>Rolla Mo</i>	23c. DATE SIGNED <i>11-22-50</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <i>11-24-1950</i>	24c. NAME OF CEMETERY OR CREMATORY <i>W.P. Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Cuba Mo.</i>
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DATE REC'D BY LOCAL REG. <i>12-5-50</i>	REGISTRAR'S SIGNATURE <i>Nadine S. Holt</i>	EMERALD DIRECTOR'S SIGNATURE <i>Paul H. Shankle</i>	ADDRESS <i>Cuba Mo.</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

0812
4

RECEIVED

Philips County Health Officer;

County File Number _____

Date Filed 12/9/50

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

Paul A. Franklin

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.