

FILED MAR 12 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7298

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 39

1. PLACE OF DEATH
a. COUNTY Vernon
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nevada
c. LENGTH OF STAY (in this place) 15 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 812 E. Wooters Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Vernon
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nevada 1082
d. STREET ADDRESS (If rural, give location) 812-E. Wooters Street

3. NAME OF DECEASED
a. (First) Frances b. (Middle) Warta c. (Last) Greaser
4. DATE OF DEATH (Month) Feb. (Day) 17 (Year) 1951

5. SEX Fm / Wh 6. COLOR OR RACE Wh 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH November 28, 1882 9. AGE (In years last birthday) 68 9. AGE (In years) Months 68 Days 17 Hours 15 Min. 00

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own home
11. BIRTHPLACE (State or foreign country) Brooklyn, New York 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Henry Warta, Sr. 13b. MOTHER'S MAIDEN NAME Amelia Kuchera 14. NAME OF HUSBAND OR WIFE William H. Greaser

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. No 17. INFORMANT'S SIGNATURE OR NAME Adolph Soukup ADDRESS 812 E. Wooters Nevada, Missouri

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.*
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage
ANTECEDENT CAUSES
DUE TO (b) Hypertensive disease
DUE TO (c) Arterio-sclerosis
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus
19a. DATE OF OPERATION nil 19b. MAJOR FINDINGS OF OPERATION None 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 443 X 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11:30 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR fall

22. I hereby certify that I attended the deceased from July - 1949, to Feb. 16, 1951, that I last saw the deceased alive on Feb. 16, 1951, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature] 23b. ADDRESS Moore Bldg., Nevada, Mo. 23c. DATE SIGNED 2/21/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE February 19, 1951 24c. NAME OF CEMETERY OR CREMATORY Deenwood Cemetery 24d. LOCATION (City, town, or county) (State) Nevada Missouri

DATE REC'D BY LOCAL REG. 3-3-1951 REGISTRAR'S SIGNATURE Anna E. Ferry 25. FUNERAL DIRECTOR'S SIGNATURE Ferry Funeral Home ADDRESS Nevada, Missouri

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

1082

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED MAR 5 1957

Dist. File 351-460

Date Filed 3-6-57

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.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed *[Signature]*.....

Licensed Embalmer No. 1769

P. O. Address Nevada 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.