No. 300
10-48

Newland
FILED MAR-5 1951

THE DIVISION OF HEALTH OF MISSOURI
STAN[redacted]CERTIFICATE OF DEATH

State File No. 7308

BIRTH NO. _____ REG. DIST. [redacted]360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 35

#1082
4

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

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Vernon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nevada 1082
d. STREET ADDRESS (If rural, give location): 402 N. Cedar Street

3. NAME OF DECEASED (Type or Print)
a. (First): Ella
b. (Middle): M.
c. (Last): Warner

4. DATE OF DEATH (Month) (Day) (Year): 2 16-1951

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May 22-1868
9. AGE (In years last birthday): 82 — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

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): Odessa, Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE (Deceased): Windurn C. Warner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Ruth Burtram (Daughter) ADDRESS: KC Mo

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Fractured Hip — 4 Mo
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Senility

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
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.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Apr 1, 1950, *to* Feb 14, 1951, *that I last saw the deceased alive on* Feb 14, 1951, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: J. Newton M.D. [redacted] or title)
23b. ADDRESS: Nevada Mo
23c. DATE SIGNED: 2-19-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-20-51
24c. [redacted]F CEMETERY OR CREMATORY: Newton Cemetery
24d. LOCATION (City, town, or county): Washington County (State): Mo

DATE REC'D BY LOCAL REG.: 2-23-51
REGISTRAR'S SIGNATURE: Anna E. Ferry 451 0
25. FUNERAL DIRECTOR'S SIGNATURE: Allen V. Hays ADDRESS: Nevada, Mo

(Licensed Embalmer's Statement on Reverse Side)

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED FEB 26 1957

Dist. File 351-429

Date Filed 3-2-57

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 ..... Student Embalmer No. ..... working under my personal supervision.

Student .....
Student Embalmer

Signed Allen V. Hays

Licensed Embalmer No. 1968

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.