

**THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

13181

State File No. _____

1870

No. 300
10.48

FILED MAY 3-1952

| | | | | | | | |
|---|--|--|--|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1000</u> | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u> | | c. LENGTH OF STAY (in this place) <u>19 years</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u> | | <u>3928</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5501 East 16 terrace</u> | | | | d. STREET ADDRESS (If rural, give location) <u>5501 East 16th terrace</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>MINNIE</u> | | b. (Middle) <u>MAY</u> | | c. (Last) <u>WARNER</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>April 21 1952</u> | |
| 5. SEX <u>FEMALE</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | | 8. DATE OF BIRTH <u>OCT 13-1876</u> | |
| 9. AGE (In years last birthday) <u>75</u> | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 1 MTH. Hours _____ Mts. _____ | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u> | | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Kerwin Kansas</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>Merritt Howard</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary Baward</u> | | 14. NAME OF HUSBAND OR WIFE <u>FRANK C. WARNER</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>NONE</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Alfred D Warner 5423 E. 16th</u> | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | MEDICAL CERTIFICATION | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| <p><i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i></p> | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> | | | | | <u>3 days</u> |
| | | ANTECEDENT CAUSES | | | | | ? |
| | | Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension +</u> DUE TO (c) <u>Arteriosclerosis</u> | | | | | ? |
| | | II. OTHER SIGNIFICANT CONDITIONS | | | | | 33IX |
| | | Conditions contributing to the death but not related to the disease or condition causing death. <u>Left hemiplegia</u> | | | | | |
| 19a. DATE OF OPERATION <u>none</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>no operation</u> | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>none</u> | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u> | | 21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>none</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>4-18, 1952</u> to <u>4-21, 1952</u> , that I last saw the deceased alive on <u>4-21, 1952</u> , and that death occurred at <u>5:30 p.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>J. Harvey Jannett</u> (Degree or title) <u>MD</u> | | | | 23b. ADDRESS <u>424 Professional Bldg KC Mo</u> | | 23c. DATE SIGNED <u>4-22-52</u> | |
| 24a. BURIAL, CREMATION, REMOVAL <u>Burial</u> | | 24b. DATE <u>April 24</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Holtan Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Holtan Kansas</u> | |
| DATE REC'D BY LOCAL REG. <u>4-23-52</u> | | REGISTRAR'S SIGNATURE <u>Doraldine Holmes</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>A. H. Neuman, Kansas City, Mo.</u> | | | |

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

VI-3121
Professional Body

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 Charles H. Stinchney

Licensed Embalmer No. 4560

P. O. Address K.C. 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.