

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16939**

FILED MAY 17 1952

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 67

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Prairie		c. LENGTH OF STAY (in this place) 33 days	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jackson County Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence	
		d. STREET ADDRESS (If rural, give location) 108 W. Kansas	

3. NAME OF DECEASED (Type or Print) a. (First) Samuel b. (Middle) G. c. (Last) Warman			4. DATE OF DEATH (Month) (Day) (Year) Apr. 20, 1952		
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5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Mar. 27, 1867		9. AGE (In years last birthday) 85		10. IF UNDER 1 YEAR Months Days Hours Mins.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired			10b. KIND OF BUSINESS OR INDUSTRY Railroad			11. BIRTHPLACE (City and State or Foreign Country) Ottumwa, Iowa			12. CITIZEN OF WHAT COUNTRY? USA		
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13a. FATHER'S NAME Jarrett Warman			13b. MOTHER'S MAIDEN NAME Elizabeth Gossage			14. NAME OF HUSBAND OR WIFE Nellie Warman (deceased)		
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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) no none		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clarence G. Warman, Independence, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia						INTERVAL BETWEEN ONSET AND DEATH 10 days	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) hyper trophy prostate DUE TO (c) gastro colic fistula							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION.						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 March 17, 1952, to April 20, 1952, that I last saw the deceased alive on April 19, 1952, and that death occurred at 5:00 A. M., from the causes and on the date stated above.

23a. SIGNATURE John C. Blumenschein, MD			23b. ADDRESS Independence Mo.			23c. DATE SIGNED 21 Apr 52		
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Apr. 22, 1952		24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.			
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DATE REC'D BY LOCAL REG. 4-21-52		REGISTRAR'S SIGNATURE Donald C. Emshaw		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Geo. C. Carson Independence, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

04850
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MAY 13 RECD

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 Richard R. Francis

Licensed Embalmer No. 4863

P. O. Address Indy, 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.