

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28573

State File No.

FILED AUG 28 1952

BIRTH NO.		REG. DIST. NO. <u>164</u>		PRIMARY REG. DIST. NO. <u>3032</u>		Registrar's No. <u>110</u>	
1. PLACE OF DEATH a. COUNTY <u>Johnson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri.</u> b. COUNTY <u>Johnson.</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg</u>		<u>0512</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Warrensburg Medical Center</u>				d. STREET ADDRESS (If rural, give location) <u>123, W. South St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Joseph</u> c. (Last) <u>Wampler.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 8, 1952.</u>				
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>25, Jan. 1874</u>		9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	IF UNDER 4 WKS. Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired President</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Ins Co</u>	11. BIRTHPLACE (State or foreign country) <u>Johnson Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Joseph Wampler</u>		13b. MOTHER'S MAIDEN NAME <u>Lydia Wolfe</u>		14. NAME OF HUSBAND OR WIFE <u>Lillie J. Wampler</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or date of service)		16. SOCIAL SECURITY NO. <u>496-05-8581</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lillie J. Wampler, Warrensburg, MO.</u>				
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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Head of Cervix</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH <u>2-3 mo.?</u>	
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	19a. DATE OF OPERATION <u>8-5-52</u>		19b. MAJOR FINDINGS OF OPERATION <u>Mass Head of Cervix</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?						
22. I hereby certify that I attended the deceased from <u>3-19-</u> , 19 <u>53</u> , to <u>8-5-</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>8-8-</u> , 19 <u>52</u> and that death occurred at <u>2 A.</u> m., from the causes and on the date stated above.							
23. SIGNATURE <u>Charles M. Lane, M.D.</u> (Degree or title)			23b. ADDRESS <u>Warrensburg Mo</u>			23c. DATE SIGNED <u>8-9-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>10, Aug. 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Warrensburg, MO.</u>			
DATE REC'D BY LOCAL REG. <u>Aug 9, 1952</u>	REGISTRAR'S SIGNATURE <u>Savannah Hutchins</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sweeney Phillips, Warrensburg, MO.</u>				

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

RECEIVED
AUG 12 1952
JOHNSON COUNTY HEALTH

1952

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.....

A. D. Phillips

Signed.....
Student Embalmer

Licensed Embalmer No. 2320

P. O. Address Warrensburg, 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.