No. 300
10.48

FILED OCT 1 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32237

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 3041 Registrar's No. 89

1. PLACE OF DEATH
a. COUNTY: Macon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Macon
c. LENGTH OF STAY (in this place): 2wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Mo.
b. COUNTY: Macon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Macon 1611
d. STREET ADDRESS (If rural, give location): 309 Broadway

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

4. DATE OF DEATH (Month) (Day) (Year): Sept. 11, 1952

5. SEX: Male **6. COLOR OR RACE:** White **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed **8. DATE OF BIRTH:** June 12, 1880 **9. AGE** (In years last birthday): 72 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): Belt Lacer-Ret. **10b. KIND OF BUSINESS OR INDUSTRY:** Fulton Iron Works **11. BIRTHPLACE** (City and State or Foreign Country): Macon Mo. **12. CITIZEN OF WHAT COUNTRY?** USA

13a. FATHER'S NAME: Willis G. Warner **13b. MOTHER'S MAIDEN NAME:** Adelia Wright **14. NAME OF HUSBAND OR WIFE:** Unknown

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.:** 494-07-3311 **17. INFORMANT'S SIGNATURE OR NAME:** Mrs. Mattie Brown **ADDRESS:** Macon, 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 — INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremic Coma — 3 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Chronic Interstitial Nephritis — 22 mo

DUE TO (c) Prostatic Hypertrophy — 28 mo

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

610 X

19a. DATE OF OPERATION: None **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* April, 1950, *to* Sept 11, 1952, *that I last saw the deceased alive on* Sept 11, 1952, *and that death occurred at* 1:25a m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) MD **23b. ADDRESS:** Macon Mo **23c. DATE SIGNED:** 9-12-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial **24b. DATE:** 9/14/52 **24c. NAME OF CEMETERY OR CREMATORY:** Woodlawn Ceme. **24d. LOCATION** (City, town, or county) (State): Macon, Mo.

DATE REC'D BY LOCAL REG.: 9/22/52 **REGISTRAR'S SIGNATURE:** Ruth McNeely 185-0 **25. FUNERAL DIRECTOR'S SIGNATURE:** Albert Skinner **ADDRESS:** Macon Mo

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 7 1952

RECEIVED 9.30.52
MACON COUNTY HEALTH DEPARTMENT
County File No. 952-142
Date Filed 9.30.52

OCT 1 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 _____, Student Embalmer No. _____, working under my personal supervision.

Student _____
Student Embalmer

Signed Thos. L. Bott

Licensed Embalmer No. 4552

P. O. Address Macon, 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.

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