No. 300
10-48

FILED FEB 25 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5563

State File No.

BIRTH NO. REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 22

1. PLACE OF DEATH
a. COUNTY Grundy
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Trenton
c. LENGTH OF STAY (In this place) 7 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Susans Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Missouri
b. COUNTY Clay ~~Grundy~~
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) North Kansas City 6001
d. STREET ADDRESS (If rural, give location) 6 Mi. North 1

3. NAME OF DECEASED (Type or Print)
a. (First) John
b. (Middle) Isaac
c. (Last) Warner

4. DATE OF DEATH (Month) Feb (Day) 13 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower 2
8. DATE OF BIRTH Oct. 21 1868
9. AGE (In years last birthday) 84 | If under 1 year: Months 3 Days 22 | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Policeman
10b. KIND OF BUSINESS OR INDUSTRY Special Duty
11. BIRTHPLACE (City and State or Foreign Country) Prescott Wisconsin
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Franklin ~~Henry~~ Clark Warner
13b. MOTHER'S MAIDEN NAME Anna Stewart
14. NAME OF HUSBAND OR WIFE Hattie Amie Warner

15. WAS DEASCED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 487-12-6085
17. INFORMANT'S SIGNATURE OR NAME Mrs. Grace Cox **ADDRESS** Browning 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) Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH 2 yrs

ANTECEDENT CAUSES

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

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. 4500

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* Oct 19, 1952 *to* Feb 13, 1953, *that I last saw the deceased alive on* Feb 12, 1953, *and that death occurred at* 4:45A *m., from the causes and on the date stated above.*

23a. SIGNATURE E. A. Duffy MD (Degree or Title)
23b. ADDRESS Trenton Mo.
23c. DATE SIGNED Feb 13-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Feb 14 1953
24c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery
24d. LOCATION (City, town, or county) Liberty (State) Mo

DATE REC'D BY LOCAL REG. 2-14-53
REGISTRAR'S SIGNATURE Irene Jones
25. FUNERAL DIRECTOR'S SIGNATURE E.J. Robertson Funeral Home **ADDRESS** Lamoni

(Licensed Embalmer's Statement on Reverse Side)

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

4:15 AM

MAR 2 1953

FEB 2 5 1953

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 J M Robertson

Licensed Embalmer No. 4388

P. O. Address Laredo 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.