S. No. 300
V. 10.48

FILED APR 20 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14806

BIRTH NO. _____ REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 5606 Registrar's No. 13

510
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1. PLACE OF DEATH
a. COUNTY: Johnson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pittsville, Jackson twp
c. LENGTH OF STAY (In this place): 20yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Johnson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pittsville, Missouri. 0510
d. STREET ADDRESS (If rural, give location): Pittsville, Missouri. 0

3. NAME OF DECEASED (Type or Print)
a. (First): Edna
b. (Middle): Belle
c. (Last): Warder

4. DATE OF DEATH (Month) (Day) (Year): March 26, 1953

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Sept. 28, 188[illegible]
9. AGE (In years last birthday): 65
If under 1 year: Months 5 Days 28
If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (City and State or Foreign Country): Higginsville, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Frank Peacock
13b. MOTHER'S MAIDEN NAME: Lydia Griggs
14. NAME OF HUSBAND OR WIFE: Charles T. Warder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): XXXX
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Charles T. Warder
ADDRESS: Holden, Missouri

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) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH

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.* Chronic Myocarditis Myxedema

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: none 4201
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): XXXX
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): XXXX
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): XXXX
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): XXXX m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: XXXX

22. *I hereby certify that I attended the deceased from* 3/26/53, 19___, *to* 3/26/53, 19___, *that I last saw the deceased alive on* 3/26/53, 19___, *and that death occurred at* 11/50A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Kelly Rawlins (Degree or title) M.D.
23b. ADDRESS: Holden Mo
23c. DATE SIGNED: 3/29/53

24a. BURIAL, CREMATION, REMOVAL (Specify): birial
24b. DATE: March 29 '53
24c. NAME OF CEMETERY OR CREMATORY: Pittsville Cemetery
24d. LOCATION (City, town, or county) (State): Pittsville (Holden) Mo.

DATE REC'D BY LOCAL REG.: 4-10-'53
REGISTRAR'S SIGNATURE: Mrs. James Redford 150-0
25. FUNERAL DIRECTOR'S SIGNATURE: Canaday & Ropp
ADDRESS: Holden, Missouri.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
APR 16 1953
JOHNSON COUNTY HEALTH DEPT.

APR 20 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 M. L. Amaday

Licensed Embalmer No. 3434

P. O. Address Holden, Missouri.

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.