

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39780**
Registrar's No. **20**

REC NOV 23 1953
BIRTH NO.

REG. DIST. NO. **234** PRIMARY REG. DIST. NO. **4849**

1. PLACE OF DEATH a. COUNTY MORGAN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY MORGAN	
b. CITY (If outside corporate limits, write RURAL and give township) STOVER		c. CITY (If outside corporate limits, write RURAL and give township) STOVER	
c. LENGTH OF STAY (in this place) 50 yrs		d. STREET ADDRESS (If rural, give location) STOVER MO.	
d. FULL NAME OF HOSPITAL OR INSTITUTION STOVER MO.		e. STREET ADDRESS (If rural, give location) STOVER MO.	

3. NAME OF DECEASED (Type or Print) a. (First) HENRY b. (Middle) C. c. (Last) WARNKE			4. DATE OF DEATH (Month) (Day) (Year) NOV. 15 1953		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
8. DATE OF BIRTH JULY 21 1861		9. AGE (In years last birthday) 92		10. IF UNDER 1 YEAR (Month) (Day) (Year) 3 24	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALES BARN		10b. KIND OF BUSINESS OR INDUSTRY FARM		11. BIRTHPLACE (City and State or Foreign Country) BENTON COUNTY MO.	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME JURGEN WARWICK		13b. MOTHER'S MAIDEN NAME MA. MATHILDA WARNKE	

14. NAME OF HUSBAND OR WIFE MATHILDA WARNKE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT'S SIGNATURE OR NAME DEO WARNKE		17. ADDRESS STOVER MO.		18. CAUSE OF DEATH	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Bulbar paralysis			INTERVAL BETWEEN ONSET AND DEATH 1 week		
19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bulbar paralysis			II. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Arterio sclerosis		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			DUE TO (b) Senility		
DUE TO (c)			III. 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 checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE no		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4500	
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 **July 1948**, to **Nov 15, 1953**, that I last saw the deceased alive on **Nov 14, 1953**, and that death occurred at **2:28** m., from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) J. L. Washburn M.D.		22b. ADDRESS Versailles Mo.		22c. DATE SIGNED Nov 17, 1953	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE Nov. 17 1953		23c. NAME OF CEMETERY OR CREMATORY STOVER CEMETERY	
23d. LOCATION (City, town, or county) (State) STOVER MO.		24. DATE REC'D BY LOCAL REG. Nov. 20 1953		24. REGISTRAR'S SIGNATURE Shirley Rippinger	
25. FUNERAL DIRECTOR'S SIGNATURE J. L. Stevinson		25. ADDRESS Stover Mo.		25. LICENSED FUNERAL HOME'S STATEMENT (on Reverse Side)	

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

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. H. Stevinson

Licensed Embalmer No. 4073

P. O. Address Stover 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.