

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36320

State File No.

FILED OCT 26 1954

BIRTH NO.		REG. DIST. NO. <u>369</u>		PRIMARY REG. DIST. NO. <u>6252</u>		Registrar's No. <u>8</u>			
1. PLACE OF DEATH a. COUNTY <u>Wayne</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Wayne</u>					
b. CITY OR TOWN <u>Mill Spring</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Mill Spring</u>		1110			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED a. (First) <u>Charles</u>			b. (Middle) <u>Richard</u>		c. (Last) <u>Warmack</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10/ 12/ 54</u>		
5. SEX <u>0</u> <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>July 11, 1875</u>		9. AGE (in years last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>1</u>	IF UNDER 12 HRS. Hours <u> </u> Min. <u> </u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Blacksmith</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Blacksmith shop</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Mill Spring Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>			
13a. FATHER'S NAME <u>Thomas Benton Warmack</u>			13b. MOTHER'S MAIDEN NAME <u>Nancy Kent</u>		14. NAME OF HUSBAND OR WIFE <u>Emma Walker</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Homer W. Warmack Mill Spring, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ca - stroke</u> 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.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>151 X</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) (Min.)		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>2/30</u> , 19 <u>54</u> , to <u>10/11</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>10/11</u> , 19 <u>54</u> , and that death occurred at <u>2 p. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>[Signature]</u>				23b. ADDRESS <u>Redmont, Mo.</u>		23c. DATE SIGNED <u>10/22/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/11/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mill Spring</u>		24d. LOCATION (City, town, or county) (State) <u>Mill Spring, Mo.</u>				
DATE REC'D BY LOCAL REG. <u>Oct. 22, 1954</u>		REGISTRAR'S SIGNATURE <u>Hazel Ward</u> <u>460</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Norman H. Lisk Redmont, Mo.</u>					

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

RECEIVED

OCT 25 1954

WAYNE CO. HEALTH CENTER

FILE No. _____

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

Norman W. Gish

Licensed Embalmer No. 3387

P. O. Address Pidmore, W.

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.