

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2146

State File No.

FILED JAN 17 1955

BIRTH NO. _____ REG. DIST. NO. 244 PRIMARY REG. DIST. NO. 3056 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Randolph</u> b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Moberly</u>)		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly</u> d. STREET ADDRESS (If rural, give location) <u>424 South Fifth</u>	
c. LENGTH OF STAY (In this place) <u>4 Mos. 27</u>		08830	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wabash Employes' Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>WARNER LEE</u> b. (Middle) <u>OLIVER</u> c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>January 3, 1955</u>
---	---

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 3, 1864</u>	9. AGE (In years last birthday) <u>90</u>	10. UNDER 1 YEAR Months <u>2</u> Days <u>0</u>	11. UNDER 100 Hrs. Mins.
--------------------	-------------------------------	---	--------------------------------------	---	--	--------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machinist - Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Wabash RR Company</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Texas</u>	12. CITIZEN OF WHAT COUNTRY?
--	--	---	------------------------------

13a. FATHER'S NAME <u>No data</u>	13b. MOTHER'S MAIDEN NAME <u>No Data</u>	14. NAME OF HUSBAND OR WIFE
-----------------------------------	--	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. A.J. Twores, Moberly, Mo.</u>	ADDRESS
--	-------------------------	---	---------

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Failure</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Paralysis of Respiratory Center</u> DUE TO (c) <u>Generalized Arteriosclerosis</u>		About 3 days
II. OTHER SIGNIFICANT CONDITIONS <u>Hypertrophied prostate, marked, causing complete Urethral obstruction.</u>			Years <u>6/10 X</u>

19a. DATE OF OPERATION <u>8/5/54</u>	19b. MAJOR FINDINGS OF OPERATION <u>Operation: Retro-pubic Prostatectomy (2) Bilateral Vasectomy</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)	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 August 5, 1954, to January 3, 1955, that I last saw the deceased alive on Jan. 3, 1955, and that death occurred at 9:28 P.M., from the causes and on the date stated above.

22a. SIGNATURE (Print or Title) <u>W. Anderson</u>	23a. ADDRESS <u>415 Woodland Avenue, Moberly, Mo.</u>	23b. DATE SIGNED <u>1/4/55</u>
--	---	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-5-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Oakland</u>	24d. LOCATION (City, town, or county) (State) <u>Moberly, Mo.</u>
---	---------------------------	---	---

DATE REC'D BY LOCAL REG. <u>1-5-55</u>	REGISTRAR'S SIGNATURE <u>W. Anderson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Mahan and Son</u>	ADDRESS <u>Moberly, Mo.</u>
--	--	---	-----------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 24 1955

JAN 17 1955

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

Frank D. DeWitt

Licensed Embalmer No. 3021

P. O. Address

Proberly, 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.