

FILED JUN 16 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2194

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (In this place) 37 yrs.	c. CITY OR TOWN Kansas City
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital		STREET ADDRESS (If rural, give location) 645 Westover Road	

3. NAME OF DECEASED (Type or Print) ADA		a. (First) _____ b. (Middle) _____ c. (Last) WARNER		4. DATE OF DEATH (Month) (Day) (Year) May 19 1955	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2	8. DATE OF BIRTH Dec. 21, 1874	9. AGE (In years last birthday) 80 IF UNDER 1 YEAR: Months _____ Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Ft. Scott, Kansas 1	
13a. FATHER'S NAME William A. Cormany			13b. MOTHER'S MAIDEN NAME Susan Emmert		14. NAME OF HUSBAND OR WIFE Cass E. Warner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs. James A. Laws, Jr., 645 Westover Rd., K.C. 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, asthma, etc. It means the disease, injury, or complication which caused death.		19. DATE OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atherosclerosis with thrombosis of coronary, left iliac + cerebral arteries		INTERVAL BETWEEN ONSET AND DEATH 7 mos	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diabetes Mellitus		2 yrs.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		260X	

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 <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 Oct 1954, to May 19 1955, that I last saw the deceased alive on May 1, 1955, and that death occurred at 8 P. m., from the causes and on the date stated above.

23a. SIGNATURE M.G. Berry		(Degree or title) M.D.		23b. ADDRESS 315 Nichols Rd. Kansas City Mo 80	
23c. DATE SIGNED May 20 1955		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-21-55	
24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri		3	

DATE REC'D BY LOCAL REG 5-20-55		REGISTRAR'S SIGNATURE Reva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE STINE & McCLURE UND. CO.	
				ADDRESS K.C. MO.	

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

Mr. W. L. Bowers
201 Plaza Mack
Va 3243

2150721

Office 2150721
Home 3130714

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.....
Signature of Student Embalmer

Signed Elmo D. Zippert

Licensed Embalmer No. 481

P. O. Address Kansas City

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.