

FILED SEP 20 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29218

BIRTH NO. _____ REG. DIST. NO. 56 PRIMARY REG. DIST. NO. 4080 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>Carroll.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri.</u> b. COUNTY <u>Carroll.</u>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Norborne; Egypt.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Norborne.</u>	
c. LENGTH OF STAY (In this place) <u>20 Years</u>		d. STREET ADDRESS (If rural, give location) <u>410 East Second Street.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>410 East Second Street.</u>		d. STREET ADDRESS (If rural, give location) <u>410 East Second Street.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Noah</u> b. (Middle) <u>Sylvester</u> c. (Last) <u>Warner.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Septem. 13/1955</u>		
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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>August 25, 1874</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm.</u>	11. BIRTHPLACE (State or foreign country) <u>Livington. County. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Henry C. Warner</u>	13b. MOTHER'S MAIDEN NAME <u>Emeline Akenbach.</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Spanish American War.</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Russell R Warner</u> ADDRESS <u>7300 E 55th St Mo</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 years</u> <u>3 years</u> <u>10 years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis D. diffuse</u>		
	DUE TO (c) <u>Hypertension, Essential</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Varicose veins with ulceration</u>			<u>10 years</u>

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from June 1, 1940, to 9-13-, 1952, that I last saw the deceased alive on 9-12-, 1955, and that death occurred at about 1:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. Russell</u>	23b. ADDRESS <u>212 South Pine St. Norborne, Mo.</u>	23c. DATE SIGNED <u>9-15-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9/16/1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lowgap Cemetery.</u>	24d. LOCATION (City, town, or county) (State) <u>CARROLL Co. 6 Miles North Roads Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Sept. 16-1965</u>	REGISTRAR'S SIGNATURE <u>Green Pennington</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John G. Ditch</u> ADDRESS <u>Norborne Mo</u>
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

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NOV 23 1958

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 Me:

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

John G. Deitch

Licensed Embalmer No. 3654

P. O. Address Harbore 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.