

FILED APR 24 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13725

BIRTH NO.		REG. DIST. NO. 156	PRIMARY REG. DIST. NO. 2001	Registrar's No. 166	
1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper			
b. CITY OR TOWN Joplin		c. CITY OR TOWN Joplin		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) 30 years		d. FULL NAME OF HOSPITAL OR INSTITUTION 1810 1/2 Bird ave			
e. STREET ADDRESS 1810 1/2 Bird ave		f. (If rural, give location) 04950			
3. NAME OF DECEASED (Type or Print) a. (First) Elizabeth b. (Middle) c. (Last) Warley		4. DATE OF DEATH (Month) (Day) (Year) 4-6-1956			
5. SEX F	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 7-29-1879	9. AGE (In years last birthday) 76	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Candy operator		10b. KIND OF BUSINESS OR INDUSTRY Beauty Shop	11. BIRTH PLACE (City and State, Foreign Country) Sherman Texas	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME S. W. King		13b. MOTHER'S MARDEN NAME Amanda Hambree	14. NAME OF HUSBAND OR WIFE Charles (Deceased)		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs Betty Mc Farland		
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Strangulation due to Hanging 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. Disturbia Mentis Arterio Sclerosis generalised (Dr Buttelmuths Record)		INTERVAL BETWEEN ONSET AND DEATH Less than 15 min.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) Joplin	(COUNTY) Jasper	(STATE) Mo.	
21d. TIME OF INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Hanging by neck from bed and furniture			
22. I hereby certify that I attended the deceased from April 4, 1956, and that death occurred at 11:00 a.m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Wierman, M.D. Joplin Mo.		23b. ADDRESS 501 Nat'l Bldg Joplin Mo.		23c. DATE SIGNED 4/7/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-9-1956	24c. NAME OF CEMETERY OR CREMATORY Clark Memorial	24d. LOCATION (City, town, or county) Joplin Mo. (State)		
DATE REC'D BY LOCAL REG. 4-16-56	REGISTRAR'S SIGNATURE	GENERAL DIRECTOR'S SIGNATURE		ADDRESS	
	None	Merreau		Walter Dillon Joplin Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
0-48

260

RECEIVED APR 25 1938
Jasper County Health Office
County File Number 4-335
Date Filed APR 23 1938

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 William E. Hudson

Licensed Embalmer No. 477

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