

FILED MAY 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19421

BIRTH NO. _____ REG. DIST. NO. 369 PRIMARY REG. DIST. NO. 6252 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY WAYNE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY WAYNE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MILL SPRING		c. CITY OR TOWN MILL SPRING	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) 20yr		e. STREET ADDRESS (If rural, give location) 1110	
d. FULL NAME OF HOSPITAL OR INSTITUTION ✓			

3. NAME OF DECEASED (Type or Print) a. (First) MATTHEW-THOMAS-WARMACK b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) MAY 9 56			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 3-26-1878	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARM		11. BIRTHPLACE (City and State or Foreign Country) NEAR PIEDMONT, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME THOMAS WARMACK		13b. MOTHER'S MAIDEN NAME LULUISA KENT		14. NAME OF HUSBAND OR WIFE SOPHRONIA LESTER		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓		16. SOCIAL SECURITY NO. ✓		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hora Reed Piedmont, MO.		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Lung cancer			10 days	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) My father's			2 years	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Active rheumatism			2 years	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ✓						

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331x			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) Mill Spring Wayne MO		
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 June, 1956, to 5-2-56, that I last saw the deceased alive on 5-8-56, 1956, and that death occurred at 10:30 AM., from the causes and on the date stated above.

23a. SIGNATURE H. E. Francis M.D.		(Degree or title)		23b. ADDRESS Piedmont MO		23c. DATE SIGNED 5-14-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3-11-56		24c. NAME OF CEMETERY OR CREMATORY PIGE CEM		24d. LOCATION (City, town, or county) (State) NEAR PIEDMONT, MO.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE May 15, 1956 Hazel Ward		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Horner W. Dick Piedmont MO.					

(Licensed Embalmer's Statement on Reverse Side)

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

60

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.....
Signature of Student Embalmer

Signed Morris E. Bowles

Licensed Embalmer No. 44

P. O. Address Piedmont

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.