

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42183

STATE FILE NUMBER

FILED DEC 27 1956

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 458

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Marion</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>         |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hannibal</u><br>Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> |  | c. CITY OR TOWN <u>Hannibal</u><br>Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>   |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Elizabeth Hospital</u><br>Length of stay in 1b                           |  | d. STREET ADDRESS (If outside, give location) <u>525 North Hawkins</u><br>Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |  |

|   |                               |   |   |  |   |
|---|-------------------------------|---|---|--|---|
| 3. NAME OF DECEASED (Type or print)<br><u>FRED</u> <u>G</u> <u>WARNER</u>                                   |                               |   | 4. DATE OF DEATH<br><u>December 12, 1956</u>  |  |   |
| 5. SEX <u>Male</u>  | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>September 13, 1900</u> | 9. AGE (In years last birthday) <u>56</u><br>IF UNDER 1 YEAR: Months <u>2</u> Days <u>29</u> Hours <u>11</u> Min. <u>00</u><br>IF UNDER 24 HRS. Hours <u>11</u> Min. <u>00</u> |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mechanic</u> |                               | 10b. KIND OF BUSINESS OR INDUSTRY <u>C.W. McIntyre</u>  |   | 11. BIRTHPLACE (City and state or country) <u>Manito Illinois</u>  |   |
| 13. FATHER'S NAME <u>August Warner</u>  |                               |   | 12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>     |  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)   |                               |   | 16. SOCIAL SECURITY NO. <u>490 07 7155</u>    |  | 17. INFORMANT <u>Mrs. Fred G. Warner Hannibal Missouri</u><br>Address |

|  |  |   |
|--|--|---|
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Asphyxiation, accidental</u> |  | INTERVAL BETWEEN ONSET AND DEATH  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____                               |  |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>9107</u>                    |  | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/> |

|  |  |   |  |                              |                                     |
|--|--|---|--|------------------------------|-------------------------------------|
| 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>   |  |   | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)<br><u>Patient completely buried up to and including his neck in a cave in of dirt and rocks while digging a ditch, at St. Elizabeth Hospital, Hannibal, Mo.</u> |                              |                                     |
| 20c. TIME OF INJURY<br><u>11:00</u> Hour <u>11</u> Month, Day, Year <u>12/12/56</u>  |  |   | 20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)<br><u>yard of St. Elizabeth Hosp.</u>  |                              |                                     |
| 20e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  | 20f. CITY, TOWN, OR LOCATION<br><u>Hannibal, Marion, Missouri</u> |  | 20g. COUNTY <u>119</u> STATE |                                     |
| 21. I attended the deceased from <u>12/12/56</u> to _____ and last saw her <u>him</u> alive on _____<br>Death occurred at <u>11:30</u> <u>A</u> m on the date stated above; and to the best of my knowledge, from the causes stated. |  |   |  |                              |                                     |
| 22a. SIGNATURE <u>[Signature]</u> (Degree or title)  |  |   | 22b. ADDRESS<br><u>M. D. 100 N. 6th, Hannibal, Mo.</u>   |                              | 22c. DATE SIGNED<br><u>12/17/56</u> |

|  |  |                              |   |  |   |
|--|--|------------------------------|---|--|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u> |  | 23b. DATE<br><u>12/14/56</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Grand View Burial Park</u> |  | 23d. LOCATION (City, town, or county) (State)<br><u>Hannibal Missouri</u> |
|--|--|------------------------------|---|--|---|

|  |  |  |   |  |  |
|--|--|--|---|--|--|
| 24. FUNERAL DIRECTOR<br><u>[Signature]</u> ADDRESS<br><u>Hannibal Missouri</u> |  | 25. DATE RECD. BY LOCAL REG.<br><u>Dec 19-1956</u> | 26. REGISTRAR'S SIGNATURE<br><u>[Signature]</u> |  |  |
|--|--|--|---|--|--|

(Licensed Embalmer's Statement on Reverse Side)

health, welfare, public service  
300 1-56  
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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RECEIVED DEC 26 1956  
MARION CO. HEALTH DEPT.,  
DATE FILED DEC 26 1956

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.....  
Licensed Embalmer No....454

P. O. Address...Hannibal, Mi.

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.