Health, Welfare & Public Service

300-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-018744

STATE FILE NUMBER

FILED MAY 16 1958 Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 221

1. PLACE OF DEATH
a. COUNTY: JASPER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: JOPLIN — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: ST. JOHN'S HOSP. — Length of stay in 1b: 36 YRS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: JASPER
c. CITY OR TOWN: JOPLIN 0495 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 2327 KENTUCKY AVE. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: BURT Middle: WARREN Last: WARING

4. DATE OF DEATH Month Day Year: MAY 1ST, 1958

5. SEX: M 0

6. COLOR OR RACE: W

7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: NOV. 30, 1884

9. AGE (In years last birthday): 73 — 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): RETIRED-REAL ESTATE SALESMAN

10b. KIND OF BUSINESS OR INDUSTRY: HADLEY TATUM CO.

11. BIRTHPLACE (City and state or country): ONAGA, KANSAS

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: JOSEPH WARING

13b. MOTHER'S MAIDEN NAME: ALETHA BURT

14. NAME OF HUSBAND OR WIFE: IDA J. WARING

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: UNK

17. INFORMANT: MRS. IDA J. WARING, 2327 KENTUCKY AVE.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Arterosclerotic heart disease — 4 years

DUE TO (c) 4200

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 6-8-56, to 5-1-58 and last saw ~~her~~ him alive on 5-1-58. Death occurred at 5-1-58, 9:45 PM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): H. K. Wiemson MD

22b. ADDRESS: 301 Medical Arts Bldg.

22c. DATE SIGNED: 5-3-58

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: 5-5-58

23c. NAME OF CEMETERY OR CREMATORY: OZARK MEMORIAL PARK,

23d. LOCATION (City, town, or county) (State): JOPLIN, MISSOURI

24. FUNERAL DIRECTOR ADDRESS: STEVE PARKER MORTUARY, JOPLIN, MO.

25. DATE RECD. BY LOCAL REG.: 5-6-1958

26. REGISTRAR'S SIGNATURE: Dorris Merriam

(Licensed Embalmer's Statement on Reverse Side)

County File Number

Date Filed MAY 13 1957

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 F. M. Jones

Licensed Embalmer No. 2369

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.