

FILED JUN 18 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021109

STATE FILE NUMBER

XC-1989921

REG.# 16393

Registration District No.

43

Primary Registration District No.

3007

Registrar's No.

406

300
-57

0

1. PLACE OF DEATH a. COUNTY BUTLER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE MISSOURI b. COUNTY MISSISSIPPI	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN CHARLESTON 0672 0
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION V. A. HOSPITAL		Length of stay in lb 27 DAYS	d. STREET ADDRESS (If outside, give location) 204 BROOKLYN STREET
3. NAME OF DECEASED (Type or print) First WILL Middle (NONE) Last WARBINGTON			4. DATE OF DEATH Month JUNE Day 1 Year 1958
5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 8-14-93
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN	9. AGE (In years last birthday) 64
11. BIRTHPLACE (City and state or country) RUSSELL, MISSISSIPPI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME HENRY WARBINGTON		13b. MOTHER'S MAIDEN NAME SUSAN WHITE	
14. NAME OF HUSBAND OR WIFE MRS. WILLIE WARBINGTON		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES WWI	
16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT Address VA HOSPITAL RECORDS, POPLAR BLUFF, MO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRAL THROMBOSIS, RIGHT FRONTAL & LEFT OCCIPITAL LOBES.			INTERVAL BETWEEN ONSET AND DEATH 6 DAYS.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ARTERIAL HYPERTENSION, CHRONIC.			UNKNOWN
DUE TO (c) CARDIOVASCULAR RENAL DISEASE.			UNKNOWN
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) BURNS TO FACE, NECK AND HANDS.			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> 442XF
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.) AWAKENED IN HOME THAT WAS ON FIRE & TRIED TO PUT OUT FLAMES.	
20c. TIME OF INJURY Hour 6AM Month, Day, Year 5/5/58		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HOME		20f. CITY, TOWN, OR LOCATION COUNTY STATE CHARLESTON, MISSISSIPPI, MISSOURI	
21. I attended the deceased from May 5, 1958 to June 1, 1958 Death occurred at 4:05 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. LESTER HARWELL, M. D.		22b. ADDRESS VA HOSPITAL, POPLAR BLUFF, MO.	
22c. DATE SIGNED 6/2/58		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE June 8, 1958		23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	
23d. LOCATION (City, town, or county) (State) Charleston, Missouri		24. FUNERAL DIRECTOR ADDRESS L. R. Sparks Charleston, Mo.	
25. DATE RECD. BY LOCAL REG. 6/14/58		26. REGISTRAR'S SIGNATURE Thomas L. Dunder	

MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

RECEIVED

8961 2 700

APR 17 1958
BUTLER CO. HEALTH CENTER

FILE No. _____

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 *Eddie Middleton*

Licensed Embalmer No. *5046*

P. O. Address _____

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.