

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026094

STATE FILE NUMBER

FILED JUL 21 1958 Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 88

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Warrensburg		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Warrensburg 0510
c. FULL NAME OF HOSPITAL OR INSTITUTION Warrensburg Medical Center		Length of stay in 1b 5 days	d. STREET ADDRESS (If outside, give location) RFD 4
		Reside on Form Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Edgar Theodore Warnken			4. DATE OF DEATH Month Day Year July 16, 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 29, 1923	9. AGE (In years last birthday) 34	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Operator		10b. KIND OF BUSINESS OR INDUSTRY Bulk Gasoline	11. BIRTHPLACE (City and state or country) Lafayette County, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Louis G. Warnken		13b. MOTHER'S MAIDEN NAME Frieda A. Lohmann		14. NAME OF HUSBAND OR WIFE Claudie Ester Warnken	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 487-40-5055	17. INFORMANT Address RFD 4 Mrs. Edgar T. Warnken, Warrensburg, 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) <i>Circulatory Failure, Acute Pulmonary Embolization</i>		INTERVAL BETWEEN ONSET AND DEATH <i>5 min</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Pulmonary Embolization</i>	<i>15 min</i>
	DUE TO (c) <i>Fracture of leg and arm left - 5 days</i>	
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 <input checked="" 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.) Subject was walking north on M 13 from his truck to another truck. Was struck from the rear by an automobile.
20c. TIME OF INJURY Hour Month, Day, Year 1:25 p.m. 7/11/58	

20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg, etc.) Missouri # 13, 2.3 miles north, Warrensburg, Johnson, Mo.	20f. CITY, TOWN, OR LOCATION COUNTY 051 STATE
21. I attended the deceased from Death occurred on <i>7-11-58</i> to <i>7-16-58</i> and last saw her <i>alive</i> on <i>7-16-58</i> on the date stated above; and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE <i>Keith Jones, M.D.</i>	(Degree or title)	22b. ADDRESS <i>Warrensburg, Mo.</i>	22c. DATE SIGNED <i>7-18-58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 18 July 58	23c. NAME OF CEMETERY OR CREMATORY Liberty Cemetery	23d. LOCATION (City, town, or county) (State) Johnson County, Missouri
24. FUNERAL DIRECTOR Sweeney-Phillips, Warrensburg, Mo.	25. DATE RECD. BY LOCAL REG. July 18, 1958	26. REGISTRAR'S SIGNATURE <i>Savannah Outletsfield</i>	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *John P. Rodgers*
Licensed Embalmer No. 4963
P. O. Address Warrensburg, 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.