

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000478

STATE FILE NUMBER

FILED FEB 2 1959

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 26

300
1-57

1. PLACE OF DEATH a. COUNTY <i>Callaway</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>MISSOURI</i> b. COUNTY <i>CALLAWAY</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Fulton</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>FULTON</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>State Hosp #1</i>		Length of stay in 1b <i>48 Days</i>	d. STREET ADDRESS (If outside, give location) <i>SHORT ST</i>
3. NAME OF DECEASED (Type or print) First Middle Last <i>Harrison, Warfield</i>			4. DATE OF DEATH Month Day Year <i>Jan 24 59</i>
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>22 May 1893</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Unknown</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Unknown</i>	9. AGE (In years last birthday) <i>65</i>
11. BIRTHPLACE (City and state or country) <i>Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13a. FATHER'S NAME <i>Presley Warfield</i>		13b. MOTHER'S MAIDEN NAME <i>Unknown</i>	
14. NAME OF HUSBAND OR WIFE <i>Maudie</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>(U)</i>	
16. SOCIAL SECURITY NO. <i>(7)</i>		17. INFORMANT Address <i>State Hospital #1 Fulton, Mo.</i>	
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>arteriosclerotic Heart Disease</i> DUE TO (b) <i>Generalized arteriosclerosis</i> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>4200</i>			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour a.m. p.m. <i>1-24-(59)</i>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>8:00 AM</i> to <i>24 Jan 59</i> and last saw him alive on <i>24 Jan 59</i> Death occurred at <i>11:40 AM</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Tom Cauchy MD</i>		22b. ADDRESS <i>State Hosp #1</i>	
22c. DATE SIGNED <i>24 Jan 59</i>		22d. LOCATION (City, town, or county) (State) <i>Fulton MO</i>	
23a. BURIAL, CREMATION, ETC. (Specify) <i>Buried</i>		23b. DATE <i>Jan-27-1959</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Hillcrest</i>		23d. LOCATION (City, town, or county) (State) <i>Fulton MO</i>	
24. FUNERAL DIRECTOR ADDRESS <i>Wallace Funeral Home Fulton Mo</i>		25. DATE RECD. BY LOCAL REG. <i>Jan. 25-1959</i>	
26. REGISTRAR'S SIGNATURE <i>Maretha Lawrence</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

FEB 6 1959

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 *Nector R. Masure*

Licensed Embalmer No. *4996*
P. O. Address *Fulton M*

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.