

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-021994

FILED JUL 7 1959

Registration District No. 164 Primary Registration District No. 3032 STATE FILE NUMBER 88 Registrar's No. 88

1. PLACE OF DEATH a. COUNTY <p align="center">Johnson</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <p align="center">Missouri</p> b. COUNTY <p align="center">Johnson</p>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <p align="center">Warrensburg</p>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <p align="center">Warrensburg</p>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <p align="center">104 Broad St.</p>		Length of stay in lb <p align="center">40 years</p>	d. STREET ADDRESS (If outside, give location) <p align="center">104 Broad St.</p>
3. NAME OF DECEASED (Type or print) First Middle Last <p align="center">Ethel Cordry Warnick</p>			4. DATE OF DEATH Month Day Year <p align="center">June 27/ 1959</p>
5. SEX <p align="center">Female</p>	6. COLOR OR RACE <p align="center">White</p>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <p align="center">Sept. 28/1892</p>
9. AGE (In years last birthday) <p align="center">66</p>		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) <p align="center">Housewife</p>		10b. KIND OF BUSINESS OR INDUSTRY <p align="center">At Home</p>	11. BIRTHPLACE (City and state or country) <p align="center">Cooper Co. Missouri</p>
12. CITIZEN OF WHAT COUNTRY? <p align="center">USA</p>		13a. FATHER'S NAME <p align="center">Robert Dudley Cordry</p>	
13b. MOTHER'S MAIDEN NAME <p align="center">Amanada DeHaven</p>		14. NAME OF HUSBAND OR WIFE <p align="center">Raymond N. Warnick</p>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p align="center">no</p>		16. SOCIAL SECURITY NO. <p align="center">none</p>	17. INFORMANT Address <p align="center">Raymond Warnick Warrensburg, Mo.</p>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary occlusion</u>			INTERVAL BETWEEN ONSET AND DEATH <p align="center">3 hours</p>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <p align="center">4201</p>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <p align="center">.</p>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input 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.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <u>June 1958</u> to <u>27 June 59</u> and last saw her alive on <u>13 June 59</u> Death occurred at <u>7:10 A.</u> m on the date stated above; and to the best of my knowledge from the causes stated.			
22a. SIGNATURE (Degree or title) <p align="center">Irene Maxson</p>		22b. ADDRESS <p align="center">Warrensburg Mo.</p>	22c. DATE SIGNED <p align="center">29 June 59</p>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (Specify)
<p align="center">Burial</p>	<p align="center">6/30/1959</p>	<p align="center">Sunset Hill</p>	<p align="center">Warrensburg, Missouri</p>
24. FUNERAL DIRECTOR'S ADDRESS <p align="center">Sweeney-Phillips Funeral Home Warrensburg, Missouri</p>		25. DATE RECD. BY LOCAL REG. <p align="center">June 29, 1959</p>	26. REGISTRAR'S SIGNATURE <p align="center">Lavanack Hutchfield</p>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 ..... *Maria D. Bailey* .....

Licensed Embalmer No. .... *4887* .....

P. O. Address ... *Wanamaking, Pa* .....

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.