

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-029365

FILED VS AUG 21 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3908

STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY JACKSON		Length of stay in 1b		a. STATE MISSOURI		b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		25 YRS.		c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOSEPH HOSP.			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 7703 EAST 50th TERR			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First PHILIP Middle F. Last WARNER				4. DATE OF DEATH Month AUG 10, Day 1959 Year			
5. SEX male	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH NOV 17, 1885	9. AGE (last birthday) 73 YRS.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SHIPPING FORMAN JENSEN SALISBURY LAB.			10b. KIND OF BUSINESS OR INDUSTRY OHIO, MISSOURI		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME JOHN WARNER			13b. MOTHER'S MAIDEN NAME MARY SHAFFNER			14. NAME OF HUSBAND OR WIFE EDNA M. WARNER	
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. UNKNOWN	17. INFORMANT MARIETTA GREGORY 7703 EAST 50th TERR			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Pulmonary Embolism.						1 Day.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) Carcinoma of the Cecum	
DUE TO (c)						4 months	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	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 <input type="checkbox"/> Month, Day, Year	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 July 27, 1959 to Aug. 10, 1959 and last saw him alive on Aug. 9, 1959 Death occurred at 7:45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) A. D. Eshelman, M.D.				22b. ADDRESS 9306 E. New 40 Highway Independence, Mo			22c. DATE SIGNED 8-10-59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE AUG 13, 1959	23c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEM		23d. LOCATION (City, town, or county) KANSAS CITY, MO.		(State)	
24. FUNERAL DIRECTOR D. W. NEWCOMER' SONS K. C. MO.			25. DATE RECD. BY LOCAL REG. 8-11-59	26. REGISTRAR'S SIGNATURE New Truesdell			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF A. D. Eshelman

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Albert H. Savage

Licensed Embalmer No. 4812

P. O. Address Hancock

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to 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.