URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS DEC 1 1959

59-040667

STATE FILE NUMBER

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 170

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Webb City
Length of stay in 1b: 3 Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Jane Chinn Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jasper
c. CITY OR TOWN: Carl Junction, Mo.
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): R. 1. 3 Miles N.W.
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First CHARLES Middle EDWARD Last WARNER
4. DATE OF DEATH: Month 11 Day 17 Year 1959

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 8-30-1896
9. AGE (last birthday): 63
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): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and state or country): Long Lane, Mo.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Edward S. Warner
13b. MOTHER'S MAIDEN NAME: Irene E. Harryman
14. NAME OF HUSBAND OR WIFE: Bessie Rill Warner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 492-42-8072
17. INFORMANT: Bessie Warner, R 1. Carl Jct., Mo. Address

MEDICAL CERTIFICATION

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)	Hypostatic pneumonia	2 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Auricular fibrillation	2 weeks
DUE TO (c)		

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 11-16, to 11-17, 1959 and last saw her/him alive on 11-17-1959
Death occurred at 3:15 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): E. O. Martin D. O., F.A.A.O.S.
22b. ADDRESS: 709 Joplin St, JoplinMo
22c. DATE SIGNED: 11-23-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 11-19-1959
23c. NAME OF CEMETERY OR CREMATORY: Pleasant Hill Cem.
23d. LOCATION (City, town, or county) (State): 5 Miles N. E. Carl Jct, Mc

24. FUNERAL DIRECTOR ADDRESS: Don Roney, Carl Junction, Mo.
25. DATE RECD. BY LOCAL REG.: 11-23-59
26. REGISTRAR'S SIGNATURE: Mrs. Madelin Sintz

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

AMENDED

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Jack C. Simpson

Licensed Embalmer No. 4647

P. O. Address Webb City

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