

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**-60-007623**

FILED VS FEB 25 1960

STATE FILE NUMBER

Registration District No. 277 Primary Registration District No. 4411 Registrar's No. 7

DEED

1. PLACE OF DEATH a. COUNTY <u>Pike</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Pike</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bowling Green</u>		Length of stay in 1b	c. CITY OR TOWN <u>Bowling Green</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>420 N 7<sup>th</sup> St</u>		
3. NAME OF DECEASED (Type or print) First <u>Walter</u> Middle <u>Leonard</u> Last <u>Warner</u>			4. DATE OF DEATH Month <u>Feb</u> Day <u>13</u> Year <u>1960</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>2-13-1890</u>	9. AGE (last birthday) <u>70</u> 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)		10b. KIND OF BUSINESS OR INDUSTRY <u>Carpenter</u>		11. BIRTHPLACE (City and state or country) <u>Pike Co Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>John William Warner</u>		13b. MOTHER'S MAIDEN NAME <u>Alice Falanson</u>		14. NAME OF HUSBAND OR WIFE <u>Jessie Warner</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>498-03-5433</u>	17. INFORMANT <u>Mrs Walter Leonard Warner</u> Address <u>Bowling Green, Mo.</u>			
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 <u>45 min.</u>	
IMMEDIATE CAUSE (a) <u>acute circulatory collapse</u>						
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						
DUE TO (b) <u>Cerebral embolus</u>						
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 _____ a.m. _____ p.m. _____	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 <u>5 AM 2/13/60</u> , to <u>6:58 AM 2/13/60</u> and last saw <u>her</u> live on <u>2/13/60</u> Death occurred at <u>6:58 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <u>Paul R. Ditter</u> (Degree or title) <u>O.O.</u>			22b. ADDRESS <u>Bowling Green, Mo.</u>		22c. DATE SIGNED <u>2/18/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>Feb 16-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Lincoln Co Missouri</u>		
24. FUNERAL DIRECTOR <u>Bankhead Funeral Chapel</u> ADDRESS _____			25. DATE RECD. BY LOCAL REG. <u>2-19-60</u>	26. REGISTRAR'S SIGNATURE <u>Bill Robinson</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 2 1960

FEB 20

**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 Harold Kirks

Licensed Embalmer No. 4597

P. O. Address Bowling

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.