

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-035103

INDEXED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4772 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b>		Length of stay in 1b <b>50 years</b>		c. CITY OR TOWN <b>KANSAS CITY</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>RESEARCH HOSPITAL</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>6640 MAIN STREET</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <b>EDNA</b> Middle <b>SARAH</b> Last <b>WARINNER</b>				4. DATE OF DEATH Month <b>SEPTEMBER</b> Day <b>17</b> Year <b>1960</b>									
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>Nov 1 1885</b>		9. AGE (last birthday) <b>75 74</b>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Homemaker</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>AT HOME</b>			11. BIRTHPLACE (City and state or country) <b>Canton, Kansas</b>			12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>				
13a. FATHER'S NAME <b>John A. Ingram</b>				13b. MOTHER'S MAIDEN NAME <b>Clara Barnhouse</b>				14. NAME OF HUSBAND OR WIFE <b>Willis V. Warinner</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>486-09-5808</b>			17. INFORMANT Address <b>Ura B. Ingram 6640 Main Street, K. C. MO</b>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Abdominal Lung carcinomatosis</b> DUE TO (b) <b>Carcinoma of colon</b> DUE TO (c) <b>gall stones - terminal nephritis</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)										INTERVAL BETWEEN ONSET AND DEATH <b>1 1/2 years</b> <b>1 1/2 years</b>			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 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 <b>Dec 59</b> to <b>17 Sept 60</b> and last saw her <b>live on 17 Sept 1960</b> Death occurred at <b>11:25 AM</b> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree & title) <b>John B. Willoughby M.D.</b>				22b. ADDRESS <b>5405 Main Ke 1340</b>				22c. DATE SIGNED <b>18 Sept 60</b>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Sep. 19, 1960</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Forest Hill Cemetery</b>			23d. LOCATION (City, town, or county) (State) <b>Kansas City Missouri</b>						
24. FUNERAL DIRECTOR <b>D.W. Newcomer's Sons 1331 Brush Creek Kansas City, Mo</b>				25. DATE RECD. BY LOCAL REG. <b>9-19-60</b>				26. REGISTRAR'S SIGNATURE <b>H-L. Dwyer</b>					

DOCUMENT

BY AFFIDAVIT OF JOHN B. WILLOUGHBY, M.D.

**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 Chester K Braun

Licensed Embalmer No. 4991

P. O. Address KC MO

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