

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-020504

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

042

1000

657

STATE FILE NUMBER

AMENDED

Registration District No.

5 1961

Primary Registration District No.

Registrar's No.

DATE AMENDED

INSTEAD OF

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St Joseph</u>		c. CITY OR TOWN <u>St Joseph</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Mo Methodist Hosp</u>		d. STREET ADDRESS (If outside, give location) <u>1720 Lafayette</u>	
3. NAME OF DECEASED (Type or print) First <u>Ella</u> Middle <u>Chandler</u> Last <u>Warner</u>		4. DATE OF DEATH Month <u>6</u> Day <u>23</u> Year <u>1961</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Cau</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6-7-1904</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nurse Aide</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Nursing</u>	11. BIRTHPLACE (City and state or country) <u>Jonesville, Va</u>
13a. FATHER'S NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Richard 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>		INFORMANT Address <u>Wm C. Warner - Ravenwood</u>	
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>Carcinoma of breast with cerebral metastases</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 years 3 1/2 months</u>
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 <u>4:04</u> a.m. / p.m. Month, Day, Year <u>3-29 -61</u>	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 <u>St Joseph, Mo</u>
21. I attended the deceased from <u>3-29 -61</u> to <u>6-23-61</u> and last saw her alive on <u>6-23-61</u> Death occurred at <u>4:04</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22b. ADDRESS <u>902 Edmond Street</u>	
22a. SIGNATURE <u>Donald Stallard, M.D.</u>		22c. DATE SIGNED <u>6-26-61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>6-25-1961</u>	23c. NAME OF CEMETERY OR CREMATORIAN <u>Oakhawn Cem - Ravenwood, Mo.</u>	23d. LOCATION (City, town, or county) (State) <u>Mo.</u>
25. DATE RECD. BY LOCAL REG. <u>June 29, 1961</u>		26. REGISTRAR'S SIGNATURE <u>Wm. Clark Goodell</u>	

D. Stallard, M.D., Medical Certification

(Licensed Embalmer's Statement on Reverse Side)

OCT 5 1961

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 E M Atcherson

Licensed Embalmer No. 2279

P. O. Address Mayville

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.