

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**-61-029925**

STATE FILE NUMBER

Registration District No. 162 Primary Registration District No. 5595 Registrar's No. 88

AMENDED

**FILED SEP 13 1961**

1. PLACE OF DEATH a. COUNTY <b>Jefferson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Jefferson</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Rock</b>		Length of stay in 1b <b>81 YRS</b>	c. CITY OR TOWN <b>R #3, Imperial, Mo.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" 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) <b>HIGHWAY M.</b>	
3. NAME OF DECEASED (Type or print) First <b>Philip</b> Middle <b>J.</b> Last <b>Warnecke</b>			4. DATE OF DEATH Month <b>Aug.</b> Day <b>30</b> Year <b>1961</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>SEPT 20 1881</b>	9. AGE (last birthday) <b>79</b>	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED CEMETERY SECTON</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>CEMETERY</b>	11. BIRTHPLACE (City and state or country) <b>JEFFERSON COUNTY MO U S A</b>		12. CITIZEN OF WHAT COUNTRY <b>U S A</b>	
13a. FATHER'S NAME <b>HERMAN WARMECKE</b>		13b. MOTHER'S MAIDEN NAME <b>FREDERICKA GILLMAN</b>		14. NAME OF HUSBAND OR WIFE <b>KATHERINE</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>			17. INFORMANT <b>KATHERINE WARNECKE IMPERIAL 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>Adenocarcinoma of stomach</b>			INTERVAL BETWEEN ONSET AND DEATH <b>4 months</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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 <b>4/9/61</b> to <b>8/30/61</b> and last saw him alive on <b>8/30/61</b> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Charles Burnside MD</b>			22b. ADDRESS <b>206 W Argonne Highway 22</b>		22c. DATE SIGNED <b>9/11/61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Sept. 2, 1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Burgess Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Highway M, near Antonia, Mo.</b>		
24. FUNERAL DIRECTOR <b>Heiligtag</b>		ADDRESS <b>Imperial, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>9-2-61</b>	26. REGISTRAR'S SIGNATURE <b>Robert E. Bauer</b>	

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

DATE AMENDED

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

SEP 14 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 Elmer A. Auligtag

Licensed Embalmer No. 3571

P. O. Address Special M

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.