

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

4863-61-033180

STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4863

FILED OCT 11 1961

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| 1. PLACE OF DEATH a. COUNTY JACKSON | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY | | c. CITY OR TOWN KANSAS CITY | |
| Length of stay in lb 22 years | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION V A HOSPITAL | | d. STREET ADDRESS (If outside, give location) 2112 PROSPECT | |
| Reside on Farm. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |

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| 3. NAME OF DECEASED (Type or print) First THOMAS Middle GORDON Last WARFIELD | | | 4. DATE OF DEATH Month September Day 27 Year 1961 | | |
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| 5. SEX Male | 6. COLOR OR RACE Negro | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 6-6-13 | 9. AGE (last birthday) 48 | IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> | IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) Guthrie Oklahoma | 12. CITIZEN OF WHAT COUNTRY U.S.A. |
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| 13a. FATHER'S NAME Henry Warfield | 13b. MOTHER'S MAIDEN NAME Eleanor Franklin | 14. NAME OF HUSBAND OR WIFE -- |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWII | 16. SOCIAL SECURITY NO. | 17. INFORMANT VA Hospital Official Records, K.C. Mo. | Address |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia, aspiration type | | INTERVAL BETWEEN ONSET AND DEATH |
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| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) Total esophagectomy and colon graft replacement | 2 days |
| | DUE TO (c) Squamous cell carcinoma of mid-portion of esophagus | |

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| 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 |
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| 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.) |
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| 20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. | Month, Day, Year |
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| 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 |
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| 21. I attended the deceased from September 5, 1961 to September 27, 1961 at VA hospital. | Death occurred at 7:20 a m on the date stated above, and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE T. J. Fritzlen M.D. | (Degree or title) | 22b. ADDRESS VA Hospital, Kansas City, Mo. | 22c. DATE SIGNED 9-27-61 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 10-2-61 | 23c. NAME OF CEMETERY OR CREMATORY National Cemetery | 23d. LOCATION (City, town, or county) Fort Leavenworth, Kansas |
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| 24. FUNERAL DIRECTOR Mrs. Meek's Mortuary, K. C. Mo. | ADDRESS | 25. DATE RECD. BY LOCAL REG. 9-30-61 | 26. REGISTRAR'S SIGNATURE Ruth Long |
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DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF

