

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-033360

STATE FILE NUMBER

AMENDED

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 437

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Joplin</u>		c. CITY OR TOWN <u>Joplin</u>	
Length of stay in 1b <u>30 yrs</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 <u>Freeman Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>708 Hampton Place</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>ELLA</u> Middle <u>LAURA</u> Last <u>WARNER</u>			4. DATE OF DEATH Month <u>September</u> Day <u>9</u> Year <u>1961</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</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>3-29-1886</u>	9. AGE (last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	IF UNDER 24 HR Hours <u> </u> Min. <u> </u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (City and state or country) <u>Freeborn County, Minn.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>L. O. Sorenson</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Ann Hanson</u>	14. NAME OF HUSBAND OR WIFE <u>Stanley Leon Warner</u>
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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) <u>No</u> <u>None</u>	17. INFORMANT <u>Stanley Leon Warner, Chicago, Illinois</u>	Address <u>Chicago, Illinois</u>
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u>		<u>13 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>General Cerebral Arteriosclerosis</u>	<u>Over 10 years</u>
	(Patient had been a nursing problem for past 8 yrs because of above Diagnosis)	
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 checked="" 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.)
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20c. TIME OF INJURY Hour <u> </u> a.m. <u> </u> 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 8-27-61 to 9-9-61 and last saw her alive on 9-9-61
Death occurred at 6:00 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>B. E. DeF...</u> (Degree or title)	22b. ADDRESS <u>410 Jackson, Joplin, Mo.</u>	22c. DATE SIGNED <u>9-12-61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>Sept. 12, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Southlawn Cemetery</u>	23d. LOCATION (City, town, or county) <u>Utica, Ohio</u>	(State)
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24. FUNERAL DIRECTOR <u>Thornhill-Dillon Mortuary, Joplin, Mo.</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>9-18-1961</u>	26. REGISTRAR'S SIGNATURE <u>Dove Merriam</u>
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DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

OCT 31 1961

JUN 18 1962

FEB 21 1962

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 David Dillon

Licensed Embalmer No. 3898

P. O. Address Joplin, Mo.

- 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.