

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-044448

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 147 Primary Registration District No. 7236 Registrar's No. 127

AMENDED

FILED JAN 5 1962

DATE AMENDED

INSTEAD OF

VIEW NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY Iron				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Iron									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Des Arc		Length of stay in 1b 4 da		c. CITY OR TOWN Annapolis		Inside Limits Yes # No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION general delivery			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) general delivery		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) JOHN ROBERT WARNCKE				4. DATE OF DEATH Month Dec. Day 14 Year 1961									
5. SEX male		6. COLOR OR RACE white		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Feb. 25 1876 85		9. AGE (last birthday) 85		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) farmer				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Annapolis Missouri		12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME Frederick Warncke				13b. MOTHER'S MAIDEN NAME Charity Brewer				14. NAME OF HUSBAND OR WIFE Anna Warncke					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO.		17. INFORMANT Address Emory Warncke Annapolis Mo.							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral thrombosis										INTERVAL BETWEEN ONSET AND DEATH 4 days			
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) Carcinoma of prostate gland										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 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 9-24-55 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 9-24-55 to 12-14-61 and last saw him alive on 12-7-61 Death occurred at 3.00 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <i>Marvin C. Mennel MD</i> (Degree or title)						22b. ADDRESS Ironton, Missouri			22c. DATE SIGNED 12-15-61				
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 12-16-61		23c. NAME OF CEMETERY OR CREMATORY Hyatts Creek Cemetery		23d. LOCATION (City, town, or county) (State) Annapolis Missouri.							
24. FUNERAL DIRECTOR <i>anally white</i> White Funeral Home Ironton Mo.				25. DATE RECD. BY LOCAL REG. 12-16-61		26. REGISTRAR'S SIGNATURE <i>Max A. Jones</i>							

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 Max N. White

Licensed Embalmer No. 5077

P. O. Address Ironton, 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.