

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-002507

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 172 Primary Registration District No. 4272 Registrar's No. 3

STATE FILE NUMBER

AMENDED

FILED JAN 24 1962

1. PLACE OF DEATH
 a. COUNTY Lafayette
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Waverly Length of stay in 1b 56 hours
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Kelling Hospital Inside Limits Yes No
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri COUNTY Lafayette
 c. CITY OR TOWN Waverly Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) ✓ Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
TINA MARIE Warner Jan. 15, 1962

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 1-12-1962 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR. Months Days Hours Min. 0 0 56

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None 10b. KIND OF BUSINESS OR INDUSTRY None 11. BIRTHPLACE (City and state or country) Waverly, Missouri 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Paul L. Warner 13b. MOTHER'S MAIDEN NAME Beverly Jean Howery 14. NAME OF HUSBAND OR WIFE None

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. None 17. INFORMANT Paul Warner Address Waverly, 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) PREMATURITY INTERVAL BETWEEN ONSET AND DEATH 56 HOURS
 DUE TO (b) HEMORRHAGE FROM PLACENTA PRAEVIA MARGINALIS 56 HOURS
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
HYALIN DISEASE OF NEWBORN

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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 NOT WHILE AT WORK 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 1/12/62 to 1/15/62 and last saw her alive on 1/15/62
 Death occurred at 5:25 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Typed or title) Jordan Kelling M.D. 22b. ADDRESS WAVERLY, MISSOURI 22c. DATE SIGNED 1/15/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 1-16-1962 23c. NAME OF CEMETERY OR CREMATORY Waverly Cemetery 23d. LOCATION (City, town, or county) (State) Waverly, Missouri

24. FUNERAL DIRECTOR ADDRESS Gibson Funeral Home Waverly, Mo. 25. DATE RECD. BY LOCAL REG. Jan. 16. 1962 26. REGISTRAR'S SIGNATURE Lutie Gordon Jordan

DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 ITEM NO. SHOULD READ
 BY-AFFIDAVIT-OF

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 James F. Gibson

5076

Licensed Embalmer No. _____

P. O. Address Carrollton, 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.