# MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-048311

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6725

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

FILED DEC 27 1963

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS CITY
Length of stay in Ib: 59 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: V A HOSPITAL
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI
b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS CITY
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 5819 PROSPECT AVENUE
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First LOUIS Middle A Last WARNER

4. DATE OF DEATH: Month December Day 9 Year 1963

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1-25-87
9. AGE (last birthday): 76
IF UNDER 1 YEAR – IF UNDER 24 HR: Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Bakery
11. BIRTHPLACE (City and state or country): Newton, Kansas
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Valentine Wourms
13b. MOTHER'S MAIDEN NAME: Caroline Shook
14. NAME OF HUSBAND OR WIFE: Martha Anne Warner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates): WWI
16. SOCIAL SECURITY NO.: 24
17. INFORMANT: Martha Anne Warner, wife, s/add.
Address: VA Hospital Official Records, K.C. Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Carcinoma of prostate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:
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. ☐ 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 December 6, 1963 to December 9, 1963 (and last saw him alive on)
Death occurred at 11:10 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): NORMAN K. LEE, M.D. — Norman K. Lee M.D.
22b. ADDRESS: VA Hospital, Kansas City, Mo.
22c. DATE SIGNED: 12-10-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 12-12-1963
23c. NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery
23d. LOCATION (City, town, or county) (State): Kansas City, Missouri

24. FUNERAL DIRECTOR: Mellody-McGilley-Eylar Funeral Home
ADDRESS: 1800 E. Linwood, Kansas City, Mo.
25. DATE RECD. BY LOCAL REG.: 12-11-63
26. REGISTRAR'S SIGNATURE: Bessie Smith

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

| ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED |
|---|---|---|---|
| 1 | | | |
| 2 | 3798- | | |
| 3 | | | |
| 4 | 0 | | |
| 5 | 1 | | |
| 6 | | | |
| 7 | 1 | | |
| 8 | 1 | | |
| 9 | 177X | | |
| 10 | | | |
| 11 | | | |
| 12 | 76-0 | | |
| 13 | | | |

BY AFFIDAVIT OF DOCUMENT

**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 W. Wair

Licensed Embalmer No. 4650

P. O. Address K.C., 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.