

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21820
State File No. 4935
Registrar's No.

FILED JUN 16 1949

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
I. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>KANSAS</u> b. COUNTY <u>Atchison</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		c. LENGTH OF STAY (In this place) <u>22 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ATCHISON</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MISSOURI CHARLEIS HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>W.R. 1011 KANSAS AVE</u>			
3. NAME OF DECEASED (Type or Print) <u>MARSHALL</u>		a. (First)		b. (Middle)		c. (Last) <u>WARNER</u>	
4. DATE OF DEATH <u>JUNE 5, 1949</u>		(Month) (Day) (Year)		5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>	
7. <u>MARRIED</u> NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>JAN 14, 1864</u>		9. AGE (In years last birthday) <u>85</u>		if UNDER 1 YEAR Months <u>5</u> if UNDER 24 HRS. Hours <u>5</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LOCOMOTIVE ENGINEER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>		11. BIRTHPLACE (State or foreign country) <u>Baltimore, Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Samuel Warner</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Minnie Warner</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Minnie Warner, Atchison, Kansas</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. - It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Cerebrovascular Dis. & acute heart failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Duodenal ulcer - of 4th portion Cause undetermined -</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs - 3 days</u> <u>2 mos.</u>	
19a. DATE OF OPERATION <u>June 4</u>		19b. MAJOR FINDINGS OF OPERATION <u>Ulcer of Duodenum - 4th portion - Gentle</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Atchison, Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>4210</u>			
22. I hereby certify that I attended the deceased from <u>5-14-49</u> , 19 <u>49</u> , to <u>6-5-49</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>6-5-49</u> , 19 <u>49</u> , and that death occurred at <u>2:00am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Reinzlaffner M.D.</u>				23b. ADDRESS <u>600 S. Kings way - St. Louis Mo.</u>		23c. DATE SIGNED <u>5 June 49</u>	
24a. BURIAL CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>6-5-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Atchison, Kansas</u>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>JUN 6 1949 J.B. Fessler</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert H. Hoppe, 4700 Washington Blvd.</u>					

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4935

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.

Signed Elmer P. Padwell

Signed _____
Student Embalmer

Licensed Embalmer No. 4077

P. O. Address _____

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 this body is not embalmed, fact should be so stated above.