

FILED OCT 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34735

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4427 Registrar's No. 134

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Waynesville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Union	
d. FULL NAME OF HOSPITAL OR INSTITUTION DeWitt Hospital		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Margaret c. (Last) Warnol			4. DATE OF DEATH (Month) (Day) (Year) 10 5 1949		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 2/4/1872	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months 8	IF UNDER 24 HRS. Days 1	IF UNDER 24 HRS. Hours 	IF UNDER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY X		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.		

13a. FATHER'S NAME Thomas Shackelford	13b. MOTHER'S MAIDEN NAME Elizabeth Ann Garmon	14. NAME OF HUSBAND OR WIFE Thomas Warnol
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) NO	16. SOCIAL SECURITY NO. (If younger than war or dates of service) NO	17. INFORMANT'S SIGNATURE OR NAME Mr. Joe Warnol, Dixon, Missouri	ADDRESS Dixon, Missouri
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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) Massive Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 36 hours
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis		15 years
		DUE TO (c) Hypertension		?
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		331X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-4, 1949, to 10-5, 1949, that I last saw the deceased alive on 10-5, 1949, and that death occurred at 1:05 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Sheldon D. Hill	23b. ADDRESS Waynesville Mo.	23c. DATE SIGNED 10-13-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/8/1949	24c. NAME OF CEMETERY OR CREMATORY Pisgah	24d. LOCATION (City, town, or county) (State) Pulaski County, Missouri
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DATE REC'D BY LOCAL REG. 10-15-49	REGISTRAR'S SIGNATURE Thelma C. Buckthorpe	38925. FUNERAL DIRECTOR'S SIGNATURE Fred H. Gilbert, Dixon, Missouri	ADDRESS Dixon, Missouri
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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OCT 15 1949

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 _____

working under my personal supervision.

Student
Student Embalmer

10/5/49

Student Embalmer No.

Signed: *Hyndrich Schindler*

Licensed Embalmer No. *4506*

P. O. Address *Acipon, Missouri*

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.