

FILED NOV 28 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37770

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 135

1. PLACE OF DEATH a. COUNTY <b>Johnson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Johnson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Warrensburg, Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Warrensburg, Mo.</b>	
c. LENGTH OF STAY (In this place) <b>7 days</b>		d. STREET ADDRESS (If rural, give location) <b>409 1/2 S. Maguire</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Warrensburg Clinic</b>			
3. NAME OF DECEASED a. (First) <b>Jesse</b>		b. (Middle) <b>Robert</b>	
		c. (Last) <b>Favorite</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 18, 1949</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Nov. 26, 1880</b>
9. AGE (In years last birthday) <b>68</b>		IF UNDER 1 YEAR Months <b>11</b> Days <b>26</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Merchant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>	
11. BIRTHPLACE (State or foreign country) <b>Baltimore, Maryland</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>William L. Favorite</b>		13b. MOTHER'S MAIDEN NAME <b>Lydia Eicholtz</b>	
		14. NAME OF HUSBAND OR WIFE <b>Carrie Mae Favorite</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/> <b>X</b>		16. SOCIAL SECURITY NO. <b>X</b>	
		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Carrie Mae Favorite</b>	
		ADDRESS <b>Warrensburg</b>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Rupture of heart.</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary thrombosis</b> DUE TO (c) <b>Hypertensive heart disease</b>	
		INTERVAL BETWEEN ONSET AND DEATH <b>1 minute</b> <b>7 days</b> <b>4 20/1</b> <b>5 year</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>X</b>			
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) (Min.)		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 <b>Nov. 11, 1949</b> , to <b>Nov. 18, 1949</b> , that I last saw the deceased alive on <b>Nov. 17, 1949</b> , and that death occurred at <b>1:30 p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>[Signature]</b> (Degree or title)		23b. ADDRESS <b>Warrensburg Mo</b>	
23c. DATE SIGNED <b>11-19-49</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>Nov. 20/49</b>	
24c. NAME OF CEMETERY OR CREMATORY: <b>Sunset Hill</b>		24d. LOCATION (City, town, or county) (State) <b>Warrensburg, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>Nov. 19, 1949</b>		REGISTRAR'S SIGNATURE <b>Savannah Antetypko</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>		ADDRESS <b>W. Cook, Chatham, Mo</b>	

DEC 29 1949

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JOHNSON COUNTY HEALTH DEPT.

APR 15 1953

JUL 23 1951

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 .....  
Student Embalmer

Signed *J. W. Cook*

Licensed Embalmer No. *4335*

P. O. Address *Chilhowee, 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 this body is not embalmed, fact should be so stated above.