

FILED DEC 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38288**

BIRTH NO. _____ REG. DIST. NO. **278** PRIMARY REG. DIST. NO. **3054** Registrar's No. **104**

1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Pike	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Louisiana		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Louisiana	
c. LENGTH OF STAY (in this place) 14 days		d. STREET ADDRESS (If rural, give location) 315 South Main	
d. FULL NAME OF HOSPITAL OR INSTITUTION Pike Co. Hospital			

3. NAME OF DECEASED (Type or Print) Elizabeth Lee Warner			4. DATE OF DEATH Nov. 30 1949		
a. (First)		b. (Middle)	c. (Last)		4. DATE OF DEATH (Month) (Day) (Year)

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH 1/23/1892	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months 10 Days 7	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Pike County, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME James S. Blackwell	13b. MOTHER'S MAIDEN NAME Rebecca Ann Burns	14. NAME OF HUSBAND OR WIFE -----
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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. 494-20-6886	17. INFORMANT'S SIGNATURE OR NAME Mrs. Edith Todd, Vandalia, Mo.	ADDRESS -----
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) HYPERTENSIVE UREMIA		INTERVAL BETWEEN ONSET AND DEATH 1 wk
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) HYPERTENSIVE CARDIO-VASCULAR RENAL disease		
	DUE TO (c) -----		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		442X

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)
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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?
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22. I hereby certify that I attended the deceased from **9-1, 1949**, to **11-30, 1949**, that I last saw the deceased alive on **11-30 1949**, and that death occurred at **8:45 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature] MD	23b. ADDRESS Louisiana, Mo.	23c. DATE SIGNED 11-30-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/2/49	24c. NAME OF CEMETERY OR CREMATORY Riverview	24d. LOCATION (City, town, or county) (State) Louisiana, Mo.
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DATE REC'D BY LOCAL REG. Nov 30, 1949	REGISTRAR'S SIGNATURE Berniece Collier	24e. FUNERAL DIRECTOR'S SIGNATURE George O. Magner	ADDRESS Louisiana, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED DEC 12 1949
District Health Officer No. 10
District File Number 12-49-20
Date Filed

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, only

Student Embalmer No.

~~working under my personal supervision.~~

Student
Student Embalmer

Signed George O. Wagner

Licensed Embalmer No. 3773

P. O. Address Missiana, 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.