No. 300
10-48

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

FILED MAY 13 1950

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 12929

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1877

**1. PLACE OF DEATH**
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 12 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Mary's Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Kansas
b. COUNTY: Saline
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salina
d. STREET ADDRESS (If rural, give location): /

**3. NAME OF DECEASED** (Type or Print)
a. (First): GUY
b. (Middle): E.
c. (Last): DE WAR SR.

**4. DATE OF DEATH** (Month) (Day) (Year): April 22 1950

**5. SEX**: M D
**6. COLOR OR RACE**: W
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married /
**8. DATE OF BIRTH**: Aug. 4 1890
**9. AGE** (In years last birthday): 59 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Car Inspector
**10b. KIND OF BUSINESS OR INDUSTRY**: U.P. Railroad
**11. BIRTHPLACE** (State or foreign country): Solomon Kans. /
**12. CITIZEN OF WHAT COUNTRY?**: U S
**13a. FATHER'S NAME**: John De War
**13b. MOTHER'S MAIDEN NAME**: Lillie Stevens
**14. NAME OF HUSBAND OR WIFE**: Imogene De War
**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No — (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**: No Record
**17. INFORMANT'S SIGNATURE OR NAME**: Mrs. Imogene De War — ADDRESS: Salina Kans

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Post-influenzal encephalitis — INTERVAL BETWEEN ONSET AND DEATH: 3 mos.

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.*

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**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES ☐ NO ☐

**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) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 4-1-50, *19*____, *to* 4-22-50, *19*____, *that I last saw the deceased alive on* 4-22-50 *19*____, *and that death occurred at* 10:30 P. *m., from the causes and on the date stated above.*

**23a. SIGNATURE** Graham Owens (Degree or title) — Graham Owens M.D.
**23b. ADDRESS** 906 Grand Ave KC Mo
**23c. DATE SIGNED** 4-23-50

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Removal
**24b. DATE**: 4-23-50
**24c. NAME OF CEMETERY OR CREMATORY**: Memorial Park
**24d. LOCATION** (City, town, or county) (State): Salina Kansas

DATE REC'D BY LOCAL REG.: 4-23-50
REGISTRAR'S SIGNATURE: Geraldine Holmes
**25. FUNERAL DIRECTOR'S SIGNATURE**: Wagner Funeral Home — ADDRESS: K C Mo.

(Licensed Embalmer's Statement on Reverse Side)

JUL 27 1950

## 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 Embalmer No.....

Signed Alvin R. Hausch

Signed.....
Student Embalmer

Licensed Embalmer No. 4159

P. O. Address Kansas City M

**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.