

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **17578**
 Registrar's No. **21**

FILED MAY 27 1950

BIRTH NO. _____ REG. DIST. NO. **230** PRIMARY REG. DIST. NO. **5810**

1. PLACE OF DEATH a. COUNTY Montgomery Co.			2. USUAL RESIDENCE. (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY Montgomery Co.		
b. CITY (If outside corporate limits, write RURAL and give township) McKittrick, Mo. Rural		c. LENGTH OF STAY (in this place) 5 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN McKittrick, Mo. Rural		
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location) Loutre T.P.		

3. NAME OF DECEASED (Type or Print) John		a. (First)	b. (Middle) Wagner,	c. (Last) Warner,	4. DATE OF DEATH (Month) (Day) (Year) May 23rd 1950	
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5. SEX M	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3	8. DATE OF BIRTH Unknown 1872	9. AGE (in years last birthday) 78	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Day Labor		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Near Mc Kittrick, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
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13a. FATHER'S NAME Dave Warner,		13b. MOTHER'S MAIDEN NAME Julia Roberson,		14. NAME OF HUSBAND OR WIFE Hester Kemp,			
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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.		17. INFORMANT'S SIGNATURE OR NAME <i>Howard Workman</i>				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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Valvular Heart Disease ANTECEDENT CAUSES nephritis acute 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.						INTERVAL BETWEEN ONSET AND DEATH. 590x	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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 **5-23**, 19**50**, to **5-23**, 19**50**, that I last saw the deceased alive on **5-23**, 19**50**; and that death occurred at **9:30** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Howard Workman M.D.</i>		23b. ADDRESS <i>Bermain Mo.</i>		23c. DATE SIGNED 5-24-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 25th 1950	24c. NAME OF CEMETERY OR CREMATORY Loutre Island		24d. LOCATION (City, town, or county) (State) Near McKittrick, Mo.	
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DATE REC'D BY LOCAL REG. May 24, 1950	REGISTRAR'S SIGNATURE <i>Mrs Eunice Bush</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Walter Currier</i>	ADDRESS		
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0700

0700

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.....

D. B. Baker.

.....
working under my personal supervision.

Student Embalmer No.

Signed

D B Baker

Signed.....
Student Embalmer

Licensed Embalmer No. 3375

P. O. Address Americus, 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.