

FILED JUL 31 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24164**  
Registrar's No. **79**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **243** PRIMARY REG. DIST. NO. **3047**

1. PLACE OF DEATH a. COUNTY <b>NEWTON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>NEWTON</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>NEOSHO</b>		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>SALE MEMORIAL Hosp</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>RURAL</b>	
		d. STREET ADDRESS (If rural, give location) <b>WEST BENTON TWP</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>JOHN</b> b. (Middle) <b>ELMER</b> c. (Last) <b>WARNER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>JULY 14, 1950</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, 1887</b>
9. AGE (In years last birthday) <b>62</b> 10. UNDER 1 YEAR Months <b>7</b> Days <b>18</b>		11. BIRTHPLACE (State or foreign country) <b>NEWTON COUNTY MISSOURI</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FOREMAN</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>G.W. SUGAR CO.</b>	
11. BIRTHPLACE (State or foreign country) <b>NEWTON COUNTY MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>ADDISON WARNER</b>		13b. MOTHER'S MAIDEN NAME <b>MARY HAWK</b>	
14. NAME OF HUSBAND OR WIFE <b>LAURA WARNER</b>			

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MRS. LAURA WARNER, NEOSHO R#2</b>	
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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		INTERVAL BETWEEN ONSET AND DEATH <b>2 1/2 yrs.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma Prostate with metast.</b>		
	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. <b>Myocarditis with Cardiac Decompensation</b>		<b>2 yrs</b>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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 **May 1950**, to **July 14, 1950**, that I last saw the deceased alive on **July 14, 1950**, and that death occurred at **S.P.** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Harold C. Leutz M.D.</b>	23b. ADDRESS <b>Neosho, Mo.</b>	23c. DATE SIGNED <b>July 19, 1950</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>7-17-1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>ORKWOOD</b>	24d. LOCATION (City, town, or county) (State) <b>NEAR NEOSHO MISSOURI</b>
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DATE REC'D BY LOCAL REG. <b>July 20, 1950</b>	REGISTRAR'S SIGNATURE <b>Delvin C. Bowman</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Corley Thompson, Neosho Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

# RECEIVED

District Health Officer No. NEWTON COUNTY HEALTH DEPT.

District File Number 750-163

Date Filed JUL 24 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed Kenneth Patterson

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4697

P. O. Address Newark, 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.