

FILED MAY 21 1951 STANDARD CERTIFICATE OF DEATH

15706

State File No.

No. 300
10.48

BIRTH NO. 27346-51 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 512

1. PLACE OF DEATH a. COUNTY <u>Buch</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Buch</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>	
c. LENGTH OF STAY (If this place) <u>2 hrs</u>		d. STREET ADDRESS (If rural, give location) <u>1317 So. 24th St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Josephs</u>			

3. NAME OF DECEASED a. (First) <u>Anita</u> (Type or Print) <u>BARB</u> b. (Middle) <u>Diana</u> <u>GIRL</u> c. (Last) <u>Warner</u> <u>WARNER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5-9-51</u>		
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	
8. DATE OF BIRTH <u>5-9-51</u>			9. AGE (In years last birthday) Months Days Hours Min. <u>5</u> <u>9</u> <u>51</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>			10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

11. BIRTHPLACE (State or foreign country) <u>St. Joseph Mo.</u>		14. NAME OF HUSBAND OR WIFE	
13a. FATHER'S NAME <u>John E. Warner</u>		13b. MOTHER'S MARDEN NAME <u>Helen Patterson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Loren E. Warner 1317 So. 24th</u>			

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) <u>Congestive Heart</u>		INTERVAL BETWEEN ONSET AND DEATH	
		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. <u>Lungs chest enlarged.</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>7544</u>		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) m.		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 5/9, 1951, to 5/9, 1951, that I last saw the deceased alive on 5/9, 1951, and that death occurred at 4:00 m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. J. Allman M.D.</u>		23b. ADDRESS <u>St. Joseph</u>		23c. DATE SIGNED <u>5/9/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-11-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>					

DATE RECD BY LOCAL REG. <u>May 19, 1951</u>		REGISTRAR'S SIGNATURE <u>Carl C. Casper</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Norman W. Sidenfaden 1802 Union St.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

Robert H. Geph

Licensed Embalmer No. 3308

P. O. Address St. Joseph, 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.