S. No. 300
v. 10.48

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

FILED JUN 4 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15707

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 583

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Gentry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gentry 0380
d. STREET ADDRESS (If rural, give location): /

3. NAME OF DECEASED (Type or Print): a. (First) Dessie b. (Middle) R. c. (Last) Warner

4. DATE OF DEATH (Month) (Day) (Year): May 29, 1951

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 30, 1899
9. AGE (In years last birthday): 51 — If under 1 year: Months 10 Days 29 — If under 24 hrs.: Hours Min.

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): Gentry, Missouri
12. CITIZEN OF WHAT COUNTRY? Amer.

13a. FATHER'S NAME: Jack Morgan
13b. MOTHER'S MAIDEN NAME: Thursa Murphy
14. NAME OF HUSBAND OR WIFE: Gilbert Warner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Gilbert Warner ADDRESS: Gentry, Missouri

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac Dilatation — INTERVAL BETWEEN ONSET AND DEATH: 3 Min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Surgical Shock — 40 Min.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Polycythemia Vera

19a. DATE OF OPERATION: 5-29-51
19b. MAJOR FINDINGS OF OPERATION: Ventral Hernia 5603
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* 5-28, 1951, *to* 5-29, 1951, *that I last saw the deceased alive on* 5-29, 1951 *and that death occurred at* 1:37p *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) D.O.
23b. ADDRESS: 823 Faraon St. St. Joseph
23c. DATE SIGNED: 5-29-51

24a. BURIAL, CREMATION, REMOVAL (Specify): removal
24b. DATE: 5/29/1951
24c. NAME OF CEMETERY OR CREMATORY: ----------
24d. LOCATION (City, town, or county) (State): Albany, Missouri

DATE REC'D BY LOCAL REG.: May 31, 1951
REGISTRAR'S SIGNATURE: Carl C. Casto 446
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Heaton-Bowman Funeral Home, St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Kenneth E. Hayes, Student Embalmer No. 428, working under my personal supervision.

Student Kenneth E. Hayes
Student Embalmer

Signed William Spalding

Licensed Embalmer No. 4535

P. O. Address 3195 11th St., 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.