

FILED JUN 5 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16868

Registrar's No. 2106

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 2106		
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY JACKSON				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (In this place) - ?		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		108		
d. FULL NAME OF HOSPITAL OR INSTITUTION 1416 TRACY				d. STREET ADDRESS (If rural, give location) 1416 TRACY 320				
3. NAME OF DECEASED (Type or Print) a. (First) JUANITA		b. (Middle)		c. (Last) WARRIOR		4. DATE OF DEATH (Month) (Day) (Year) 5-15-51		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) -		8. DATE OF BIRTH ?		
9. AGE (In years last birthday) 45		IF UNDER 1 YEAR Months		IF UNDER 1 HR. Hours		Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) -			10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (State or foreign country) - ?		12. CITIZEN OF WHAT COUNTRY? -	
13a. FATHER'S NAME ?			13b. MOTHER'S MAIDEN NAME ?			14. NAME OF HUSBAND OR WIFE -		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. - ?		17. INFORMANT'S SIGNATURE OR NAME ADDRESS COORONERS OFFICE K.C.Mo.				
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cause of Death Unknown 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. 74-5						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION No Relative to Sign of Death						
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Natural		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE Hugh B. Owens (Degree or title) Coroner				23b. ADDRESS 1034 Pinks Bldg		23c. DATE SIGNED 5-15-51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5-16-51		24c. NAME OF CEMETERY OR CREMATORY -		24d. LOCATION (City, town, or county) (State) BRECKINRIDGE, Mo.		
DATE REC'D BY LOCAL REG. 5-16-51		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Walter B. Gethia K.C., Mo.				

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—

.....
working under my personal supervision.

Student Embalmer No.

Signed.....

Harold L. Oelternacht

Signed.....
Student Embalmer

Licensed Embalmer No. 3035

P. O. Address St. Louis

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.