

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29566**

FILED OCT 1 1951

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 986

0113

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>	
c. LENGTH OF STAY (In this place) <u>70 Yrs</u>		d. STREET ADDRESS (If rural, give location) <u>611 Jefferson</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hosp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Raymond</u> c. (Last) <u>Warner</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 23, 1951</u>		
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5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept. 26, 1876</u>		9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired (2) Furniture Dealer</u>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) <u>Andrew Co. Mo.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
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13a. FATHER'S NAME <u>John Warner</u>				13b. MOTHER'S MAIDEN NAME <u>Adeline Blankenship</u>				14. NAME OF HUSBAND OR WIFE <u>Ora Belle Warner</u>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>491-28-0616</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Ora E. Warner St. Joseph, Mo.</u>					
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CA of prostate</u>								INTERVAL BETWEEN ONSET AND DEATH <u>1949</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hypertension</u>								<u>1951</u>	
		DUE TO (c) <u>nitrous disease</u>								<u>1951</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>1-77x</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 Jan 17, 1951, to Sept 22, 1951, that I last saw the deceased alive on Sept 22, 1951, and that death occurred at 2:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. C. Williams</u> (Degree or title)		23b. ADDRESS <u>1000 W. 1st St. St. Joseph, Mo.</u>		23c. DATE SIGNED <u>9/24/51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-25-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>Sept 26, 1951</u>		REGISTRAR'S SIGNATURE <u>Carl C. Casper</u> <u>496</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Norman L. Hedrick</u> <u>1802 1/2 W. 1st 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.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

Signed

Student Embalmer No.....
Robert H. Gape

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.