

FILED NOV 23 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 38482

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 4433 Registrar's No. 75

1. PLACE OF DEATH  
a. COUNTY Putnam  
b. CITY (If outside corporate limits, write RURAL and give town) Unionville  
c. LENGTH OF STAY (In this place) 14 yrs  
d. FULL NAME OF HOSPITAL OR INSTITUTION Monroe Clinic Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Mo.  
b. COUNTY Putnam  
c. CITY (If outside corporate limits, write RURAL and give township) Unionville  
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED  
a. (First) Emma  
b. (Middle) Jane  
c. (Last) Warnick

4. DATE OF DEATH  
(Month) Nov. 4 (Day) 1951 (Year)

5. SEX F

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH July 4 1876

9. AGE (In years last birthday) 75 IF UNDER 1 YEAR Months 4 Days 0 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Work

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Missouri

12. CITIZEN OF WHAT COUNTRY? U S

13a. FATHER'S NAME James F. Devies

13b. MOTHER'S MAIDEN NAME Elizabeth Melvin

14. NAME OF HUSBAND OR WIFE Jasper Warnick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
Galena Poston Unionville 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Cancer of stomach  
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. perforated caecum

INTERVAL BETWEEN ONSET AND DEATH 1 year 2  
151X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

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) (Min.)

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 Oct 30, 1951, to Nov 4, 1951, that I last saw the deceased alive on Nov 4, 1951, and that death occurred at 9:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Char. L. Judd D.O.

23b. ADDRESS Unionville Mo

23c. DATE SIGNED 11/5/51

24a. BURIAL, CREMATION, REMOVAL (Specify) B

24b. DATE Nov. 7, 51

24c. NAME OF CEMETERY OR CREMATORY Unionville Cem

24d. LOCATION (City, town, or county) (State) Unionville Mo.

DATE REC'D BY LOCAL REG. 11-15-51

REGISTRAR'S SIGNATURE Maxwell Durbin

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
W. H. Heston Unionville, Mo.

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

860

AUG 1 1954  
SEP 15 1954

Date Received: NOV 20 1951  
DISTRICT HEALTH OFFICE #2  
District File Number //51-20  
Date Filed: NOV 20 1951

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 Murl E. Husted

Signed.....  
Student Embalmer

Licensed Embalmer No. 3304

P. O. Address Winnville, W.V.

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.