No. 300 FILED APR 21 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13670

BIRTH NO. _____ REG. DIST. NO. 237 PRIMARY REG. DIST. NO. 5820 Registrar's No. 8

720

1. PLACE OF DEATH
a. COUNTY New Madrid.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Anderson-Township.
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Son's Home.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Dunklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Clarkton. 0350
d. STREET ADDRESS (If rural, give location) 1

3. NAME OF DECEASED (Type or Print) a. (First) Granville b. (Middle) Wesley c. (Last) Warner.

4. DATE OF DEATH (Month) (Day) (Year) 3-26-1952

5. SEX Male **6. COLOR OR RACE** White. **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Widowed 2 **8. DATE OF BIRTH** 4-7-1869 **9. AGE** (In years last birthday) 82 IF UNDER 1 YEAR Months 11 Days 19 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Common Labor **10b. KIND OF BUSINESS OR INDUSTRY** ✓ **11. BIRTHPLACE** (State or foreign country) Stoddard Co. Missouri. **12. CITIZEN OF WHAT COUNTRY?** USA.

13a. FATHER'S NAME UNKNOWN. **13b. MOTHER'S MAIDEN NAME** Elizabeth Caldwell. **14. NAME OF HUSBAND OR WIFE** Laura Warner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **16. SOCIAL SECURITY NO.** **17. INFORMANT'S SIGNATURE OR NAME** Wesley Warner **ADDRESS**

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) Cardiac Decompensation

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) age

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION **19b. MAJOR FINDINGS OF OPERATION** 4343 **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* Feb 22, 1952, *to* Mar 26, 1952, *that I last saw the deceased alive on* Feb 22, 1952, *and that death occurred at* 12:35 P *m., from the causes and on the date stated above.*

23a. SIGNATURE Dr. Geo W. Husted (Degree or title) MD **23b. ADDRESS** Parma Mo **23c. DATE SIGNED** 3/27/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 11 **24b. DATE** 3-28-52 **24c. NAME OF CEMETERY OR CREMATORY** Stanfield **24d. LOCATION** (City, town, or county) near Clarkton, Mo. (State)

DATE REC'D BY LOCAL REG. 4-1-52 **REGISTRAR'S SIGNATURE** Mrs F. G. Hopkins **25. FUNERAL DIRECTOR'S SIGNATURE** Lloyd Russell **ADDRESS** Piggott, Ark.

(Licensed Embalmer's Statement on Reverse Side)

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~~ me

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Lloyd M. Russell

Signed.....
Student Embalmer

Licensed Embalmer No. 509-Ark.

P. O. Address Diggett Ark.

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.