V.S. No. 300
Rev. 10.48

FILED JUN 2 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15983

BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 4165 Registrar's No. 37

0310
1

1. PLACE OF DEATH
a. COUNTY: Daviess
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gallatin
c. LENGTH OF STAY (In this place): 10 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ---

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Daviess
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gallatin 0310
d. STREET ADDRESS (If rural, give location): ---

3. NAME OF DECEASED (Type or Print)
a. (First): Isidoria
b. (Middle): ---
c. (Last): Warnes

4. DATE OF DEATH (Month) (Day) (Year): May 24 1952

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: August 12 1879

9. AGE (In years last birthday): 72 | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

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

10b. KIND OF BUSINESS OR INDUSTRY: Farm Owner

11. BIRTHPLACE (State or foreign country): Trenton, Missouri 0

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Calvin Warnes

13b. MOTHER'S MAIDEN NAME: Martha Stevens

14. NAME OF HUSBAND OR WIFE: Fannie Warnes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Fannie Warnes, Gallatin, 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) 22 Bullet Wound skull + Brain — INTERVAL BETWEEN ONSET AND DEATH: Instant

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. E976X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): at his farm

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Gallatin Daviess Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 5-24-52 2:30 p.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 _____, 19____, to _____, 19____, that I last saw the deceased alive on 5-24, 1952, and that death occurred at About 7:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE: Floyd E. Nelson (Degree or title) Coroner

23b. ADDRESS: Gallatin, Mo

23c. DATE SIGNED: 5-26-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 5-27-1952

24c. NAME OF CEMETERY OR CREMATORY: Brown Cemetery

24d. LOCATION (City, town, or county) (State): Gallatin, Missouri

DATE REC'D BY LOCAL REG.: 31 May 1952

REGISTRAR'S SIGNATURE: Virginia M Engelbert

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: L. O. Nicholson, Hope Funeral Home, Gallatin, Mo.

(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 _____

_____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed L. D. Dickerson

Licensed Embalmer No. 3307

P. O. Address Gallatin, 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.