

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31260**

FILED SEP 23 1952

BIRTH NO. _____ REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 2432 Registrar's No. 49

0360
4

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

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN - Missouri</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>FRANKLIN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sullivan RR # 2</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NEW HAVEN</u>	
c. LENGTH OF STAY (in this place) <u>6 mo.</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VANDOREN NURSING HOME</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>FLORA</u> b. (Middle) <u>ESTELWA</u> c. (Last) <u>WARNER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9 - 18 - 52</u>			
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		
8. DATE OF BIRTH <u>AUG. 13, 1878</u>		9. AGE (In years last birthday) <u>74</u>		10. IF UNDER 1 YEAR Days <u>1</u> IF UNDER 1 YEAR Hours <u>3</u> IF UNDER 1 MIN. Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		11. BIRTHPLACE (State or foreign country) <u>ETNAH MISSOURI</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>						

13a. FATHER'S NAME <u>RICHARD B. TATE</u>		13b. MOTHER'S MAIDEN NAME <u>MELCINA RODGERS</u>		14. NAME OF HUSBAND OR WIFE <u>WALTER WARNER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Miss Lucy Dewell, New Haven Mo</u> 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral vascular accident</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u>			fract	
		DUE TO (c) _____				
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Progressive senility</u>			fract	

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) <u>331X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 Sept 15, 1952, to Sept 16, 1952, that I last saw the deceased alive on Sept 16, 1952, and that death occurred at 2 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>D. F. Anderson</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Sullivan Mo</u>		23c. DATE SIGNED <u>9/18/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-21-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Haven Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>New Haven Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L. C. Denton</u> ADDRESS <u>200 New Haven Mo</u>			
DATE REC'D BY LOCAL REG. <u>9-18-52</u>		REGISTRAR'S SIGNATURE <u>W. R. Prater</u>		97	

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

Carl C. J. J. J.

Signed.....
Student Embalmer

Licensed Embalmer No. 3385

P. O. Address New Haven Md

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.