

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35804**

No. 300  
10. 48  
FILED NOV 14 1952

0730

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

BIRTH NO. _____		REG. DIST. NO. <u>247</u>		PRIMARY REG. DIST. NO. <u>5840</u>		Registrar's No. <u>42</u>	
I. PLACE OF DEATH a. COUNTY <u>Newton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u> <u>1730</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pierce City, Rte. 2</u>		c. LENGTH OF STAY (in this place) <u>1 yr.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pierce City, Route # 2 Burch</u>		d. STREET ADDRESS (If rural, give location) <u>Route # 2 Twp</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>U.S. Home 1 1/2 mi north of Pichey</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jesse</u> b. (Middle) <u>Leo</u> c. (Last) <u>Warfield</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 5, 1952</u>				
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>7-6-1894</u>	9. AGE (in years last birthday) <u>58</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>29</u>	IF UNDER 14 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>City Service (retired)</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Wichita, Kan.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Drift Wood, Okla.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>William C. Warfield</u>		13b. MOTHER'S MAIDEN NAME <u>Mahalia Williams</u>		14. NAME OF HUSBAND OR WIFE <u>Helen Ann Warfield</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Helen Ann Warfield</u> ADDRESS <u>Pierce City Mo.</u>			
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) <u>Cerebral hemorrhage</u> 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.				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
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 <u>Nov 3, 1952</u> , to <u>Nov 5, 1952</u> , that I last saw the deceased alive on <u>Nov 3, 1952</u> , and that death occurred at <u>5:00 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Charles A. Spears, M.D.</u>				23b. ADDRESS <u>Pierce City, Mo</u>		23c. DATE SIGNED <u>Nov 5, 1952</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Nov. 8, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>White Chapel Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Wichita Sedgwick Kansas</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 7, 1952</u>		REGISTRAR'S SIGNATURE <u>M. L. Young</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clark-Bigham Mortuary Neosho,</u>			

(Licensed Embalmer's Statement on Reverse Side)

**RECEIVED**

District Health Officer To  
District File Number 1152-358  
Date Filed NOV 13 1952

**NEWTON COUNTY HEALTH UNIT**

**NEOSHO, MISSOURI**

**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 Seed a. Romhill

Licensed Embalmer No. 3590

P. O. Address Foplin, 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.