

S. No. 300
 v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **1675**
44

FILED FEB 9 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>RANDOLPH</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u> <u>OFF 31</u>	
c. LENGTH OF STAY (in this place) <u>3 mo</u>		d. STREET ADDRESS (If rural, give location) <u>922 South Williams Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5611 WAYNE AVENUE</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>NANCY</u> b. (Middle) <u>CLARK</u> c. (Last) <u>WARNER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 5 1953</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed 2</u>	
8. DATE OF BIRTH <u>Sept 11, 1861</u>		9. AGE (In years last birthday) <u>91</u>		10. IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Macon County, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>					

13a. FATHER'S NAME <u>WARREN SCANEY</u>		13b. MOTHER'S MAIDEN NAME <u>Emily McFee</u>		14. NAME OF HUSBAND OR WIFE <u>JACOB E WARNER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS, <u>Mrs O C Pollock 5611 Wayne Avenue</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis - General & Cerebral</u>		DUPLICATE			<u>15 yrs</u>
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cataracts.</u>			<u>1 yr.</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)	
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 Oct 29, 1952, to Jan 4, 1953, that I last saw the deceased alive on Jan 2, 1953, and that death occurred at 1:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Frank B. Leitz</u> (Degree or title) <u>O M A</u>		23b. ADDRESS <u>1530 Prof. Bell St. Moberly, Mo</u>		23c. DATE SIGNED <u>1-5-53</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Jan 5, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY _____	
24d. LOCATION (City, town, or county) (State) <u>Moberly Missouri</u>					

DATE REC'D BY LOCAL REG. <u>1-5-53</u>		REGISTRAR'S SIGNATURE <u>S. Geraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>O W Newcomer Kansas City Mo</u>	
--	--	---	--	---	--

(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 Edward M. Storey

Licensed Embalmer No. 4452

P. O. Address K. C. 4 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.