

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4201

State File No. ....

BIRTH NO. FILED FEB 23 1954 REG. DIST. NO. 50 PRIMARY REG. DIST. NO. 5179 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>Camden</u>		2. USUAL RESIDENCE (Where deceased lived or institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Camden</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural Osage</u>	c. LENGTH OF STAY (In this place) <u>7 yr</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Camdenton</u> <u>0150</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At home</u>		d. STREET ADDRESS (If rural, give location) <u>See Del</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>May</u>	b. (Middle) <u>A</u>	c. (Last) <u>Warner</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 16 - 1954</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>Whit</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 21 - 1885</u>	9. AGE (In years) (Month) (Day) <u>68</u>	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at Motor Mechanics</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Machinery</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Chicago Ill</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Effie McFarland</u>
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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>324-09-9999</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ray Stewart</u>	ADDRESS <u>as above</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute congestive heart failure</u>	INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute cardiac dilatation</u>	
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis + mild hypertension</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4343</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Feb 16, 1954 to Feb 16, 1954, that I last saw the deceased alive on Feb 16, 1954, and that death occurred at 7:30 am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Harry M. Griffith, M.D.</u>	23b. ADDRESS <u>Camdenton Mo</u>	23c. DATE SIGNED <u>2-17-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>Feb 18 - 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lebanon Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Lebanon Mo</u>
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DATE REC'D BY LOCAL REG. <u>Feb 17 1954</u>	REGISTRAR'S SIGNATURE <u>Zilpha Jew 42-0</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Bankson Wooley</u>	ADDRESS <u>Camdenton Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0150

FEB 24 1954

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 Abbi Banks Woolery

Licensed Embalmer No. 2488

P. O. Address Camdenton, 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.