

FILED NOV 3 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32908

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>395</u>			
1. PLACE OF DEATH a. COUNTY <u>ADAIR</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>ILLINOIS</u> b. COUNTY _____					
b. CITY OR TOWN <u>KIRKSVILLE</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>DALLAS CITY</u>		d. STREET ADDRESS <u>8120 S</u> (If rural, give location)			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LAUGHLIN</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOSEPH</u>		b. (Middle) <u>NEWTON</u>		c. (Last) <u>WARFORD</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>OCT 26 1954</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>MAY 18 1890</u>			
9. AGE (In years last birthday) <u>74</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BARBER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>BARBER</u>		11. BIRTHPLACE (State or foreign country) <u>KENTUCKY</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>BENJAMIN D. WARFORD</u>		13b. MOTHER'S MAIDEN NAME <u>JENNIE CORBIN</u>		14. NAME OF HUSBAND OR WIFE <u>VENETA WIBBELL</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>✓</u>		16. SOCIAL SECURITY NO. <u>343-18-2148</u>		17. INFORMANT'S SIGNATURE OR NAME <u>W.T. WARFORD</u> ADDRESS <u>HURDLAND 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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of lung</u>				II. OTHER SIGNIFICANT CONDITIONS <u>Chronic nephritis and secondary inflammation of right lung</u>				Unknown	
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION <u>None</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.) _____		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>Oct. 10, 1954</u> , to <u>Oct. 26, 1954</u> , that I last saw the deceased alive on <u>Oct. 26, 1954</u> , and that death occurred at <u>6:30 pm.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>W. D. O.</u> (Degree or title)				23b. ADDRESS <u>Kirksville, Mo.</u>		23c. DATE SIGNED <u>10-27-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>10-28-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>DALLAS CITY</u>		24d. LOCATION (City, town, or county) (State) <u>DALLAS CITY ILL.</u>			
DATE REC'D BY LOCAL REG. <u>Oct. 27, 1954</u>		REGISTRAR'S SIGNATURE <u>Doris W. Rattley, Deputy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Leo B. ...</u> ADDRESS <u>Hurdland Mo</u>					

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

NOV 5 1953

904 S. Thompson

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 Chas B. Easley Jr.

Licensed Embalmer No. 3755

P. O. Address Hurdland 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.