

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

State File No. **20773**

No. 300  
10.48

**FILED JUL 5 - 1955**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **3072** Registrar's No. **115**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Saline</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Audrain</b>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>Marshall, Mo.</b>		c. LENGTH OF STAY (in this place) <b>23 Days</b>	c. CITY OR TOWN <b>Laddonia</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Fitzgibbon Hospital</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <b>2 Miles north of Laddonia, Mo</b>	

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <b>Sam</b>	b. (Middle) <b>M. -</b>	c. (Last) <b>Warfield</b>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>June 29 1955</b>
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<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> <b>Single never married</b>	<b>8. DATE OF BIRTH</b> <b>Dec. 17 - 1879</b>	<b>9. AGE</b> (In years last birthday) <b>75</b>	<b>10. MONTHS</b> <b>6</b>	<b>11. DAYS</b> <b>12</b>	<b>12. HOURS</b>	<b>13. MIN.</b>
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Farmer-Own Farm-General Farming</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>New Bloomfield, Missouri</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>
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<b>13a. FATHER'S NAME</b> <b>William Warfield</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Mary Ann Shaw</b>	<b>14. NAME OF HUSBAND OR WIFE</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> <b>491-36-5206</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Mrs. Alfred Smeeding-Marshall, Mo.</b>	<b>18. ADDRESS</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Cardiovascular Renal Disease</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
	ANTECEDENT CAUSES <b>Arteriosclerosis</b>		
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Arterial Hypertension</b> <b>Senility</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>4/42X</b>			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from June 3, 1955, to June 25, 1955, that I last saw the deceased alive on June 21, 1955, and that death occurred at 1:05 P.M., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <b>Robert Kennedy M.D.</b>	(Degree or title)	<b>23b. ADDRESS</b> <b>Marshall Mo</b>	<b>23c. DATE SIGNED</b> <b>7-1-55</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>7/1/55</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Laddonia Cemetery - Laddonia, Mo.</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Laddonia, Mo.</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>7-2-55</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Cecil G. Reed</b>	<b>3857</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Lucia Sweeney-Marshall, Mo.</b>	<b>ADDRESS</b>
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(Licensed Emballer'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.....  
Signature of Student Embalmer

Signed..... *J. Leslie Swann*

Licensed Embalmer No. *1256*

P. O. Address *W. A. Swann*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.