

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16188**

FILED JUN 12 1956

BIRTH NO. _____ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3024 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Howard <u>0450</u>	
b. CITY (If outside corporate limits, write RURAL and give town) Fayette, Mo	c. LENGTH OF STAY (in this place) 3 days	c. CITY OR TOWN Fayette	d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Lee Hospital		STREET ADDRESS (If rural, give location) R. R. 3 Higbee, Mo. Bonne Femme	

3. NAME OF DECEASED (Type or Print) a. (First) JOHN	b. (Middle) BALLEW	c. (Last) WARFORD	4. DATE OF DEATH (Month) (Day) (Year) May 1, 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 14, 1890	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR 10 Months	IF UNDER 24 HRS. 17 Hours	Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY Own Farm	11. BIRTHPLACE (City and State or Foreign Country) Howard County, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Kirby Warford	13b. MOTHER'S MAIDEN NAME Susan Frances Holtzclaw	14. NAME OF HUSBAND OR WIFE Orzella Dougherty
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) No	16. SOCIAL SECURITY NO. 486-18-8039	17. INFORMANT'S SIGNATURE OR NAME Mrs. John B. Warford	ADDRESS R.R.2 Higbee, Mo.
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5 min.	
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute coronary occlusion			
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Followed severe pulmonary edema			2 days.
	DUE TO (c) Coronary atherosclerosis		5 yrs.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 4201 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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from June, 1950, to 5-1, 1956, that I last saw the deceased alive on 4-20-56, 1956, and that death occurred at 9:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE Mary K. Shell (Degree or title) MD	23b. ADDRESS Fayette Mo.	23c. DATE SIGNED 5-3-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/4/1956	24c. NAME OF CEMETERY OR CREMATORY City Cemetery	24d. LOCATION (City, town, or county) (State) Fayette, Missouri
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DATE REC'D BY LOCAL REG. 5-3-56	REGISTRAR'S SIGNATURE Mary K. Shell	25. FUNERAL DIRECTOR'S SIGNATURE Salad Carr	ADDRESS Fayette, Mo.
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(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.....
Signature of Student Embalmer

Signed.....

Ralph A. Carr

Licensed Embalmer No. *33*

P. O. Address *Jayette,*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.