

FILED JUL 24 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24614**

No. 900  
10.48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **275** PRIMARY REG. DIST. NO. **3053** Registrar's No. **128**

1. PLACE OF DEATH a. COUNTY <b>Phelps</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Phelps</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rolla</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rolla</b>	
c. LENGTH OF STAY (in this place) <b>7 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>08120</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>McFarland Nursing Home</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>John</b>	b. (Middle)	c. (Last) <b>Warner</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>July 14-1956</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>1873 83</b>	9. AGE (In years last birthday) <b>83</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <b>Labor</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>General Farm</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Phelps County Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>US</b>
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13a. FATHER'S NAME <b>Wesley</b>	13b. MOTHER'S MAIDEN NAME <b>Lucinda Ray</b>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or no or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Susie Martin</b>	ADDRESS <b>Rolla Mo</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>Sudden (several hours)</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Coronary Sclerosis. Senility</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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 <b>7-14</b>
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22. I hereby certify that I attended the deceased from **1-23-1954** to **10-17-1956**, that I last saw the deceased alive on **10-19-1952**, and that death occurred at **2:40 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>E. E. Feind M.D.</b>	(Degree or title)	23b. ADDRESS <b>Rolla Mo</b>	23c. DATE SIGNED <b>7-16-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>July 16-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt Olive</b>	24d. LOCATION (City, town, or county) (State) <b>Newburg Mo</b>
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DATE REC'D BY LOCAL REG. <b>July 16, 1956</b>	REGISTRAR'S SIGNATURE <b>Nadine L. Stoll</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Lee Johnson</b>	ADDRESS <b>Newburg Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

380

RECEIVED

Phelps County Health Officer,

County File Number 474

Date Filed July 23, 1956

**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 Lee Johnson

Licensed Embalmer No. 3392

P. O. Address Newburg 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.