

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 37793

FILED NOV 20 1956

BIRTH NO. _____		REG. DIST. NO. <u>138</u>		PRIMARY REG. DIST. NO. <u>5522</u>		Registrar's No. <u>78</u>	
1. PLACE OF DEATH a. COUNTY <u>Hickory</u>				2. USUAL RESIDENCE (Where deceased lived. If justification: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Hickory</u>			
b. CITY (If corporate limits, write RURAL and give town) <u>Rural</u>		c. LENGTH OF STAY (In this place) <u>24 hrs</u>		c. CITY OR TOWN <u>Cross Timbers</u>		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 <u>2 Miles S.E. of Cross Timbers</u>				e. STREET ADDRESS (If rural, give location) <u>3 miles S.E. of Cross Timbers</u>			
3. NAME OF DECEASED a. (First) <u>Tony</u> b. (Middle) <u>Ken</u> c. (Last) <u>WARSTADT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 3 - 1956</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH (If under 1 year last birthday) <u>April 28 - 54</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		9. AGE (In years) <u>2 yrs</u> IF UNDER 1 YEAR Months <u>6</u> Days <u>3</u> IF UNDER 1 HRS. Hours <u>3</u> Min. <u>0</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Wheatland Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>Genl Floyd Warstadt</u>		13b. MOTHER'S MAIDEN NAME <u>Charlene Rose Thomas</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Leonard Warstadt - Cross Timbers, Mo</u> ADDRESS _____			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Run over by auto cause</u> INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u> ANTECEDENT CAUSES Abnormal conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Multiple skull fracture</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>8304</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>25</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>farm</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>043</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov 3 - 1956</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Run over by auto</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>3:45</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Name or title) <u>S O Bailey</u>				23b. ADDRESS <u>Wheatland Mo</u>		23c. DATE SIGNED <u>Nov 3 - 56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Nov 5 - 56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cross Timbers Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Cross Timbers, Mo</u>	
DATE REC'D BY LOCAL REG. <u>NOV 17 - 1956</u>		REGISTRAR'S SIGNATURE <u>May Johnson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert W. W. W. - Wheatland, Mo</u> ADDRESS _____			

(Licensed Embalmer's Statement on Reverse Side)

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

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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 *Chas. Robert Hathaway*.....

Licensed Embalmer No. *4267*.....

P. O. Address *Wheatland, W. Va.*.....

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.