

FILED JAN 28 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1081

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 3022 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <b>Harrison</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Davies</b>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>Bethany, Mo.</b>		c. CITY OR TOWN <b>Pattonburg</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>73 Days</b>		f. STREET ADDRESS (If rural, give location) <b>Rt. # 2</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Noll Hospital</b>		0310	
3. NAME OF DECEASED a. (First) <b>John Henry</b> b. (Middle) <b>Warford</b> c. (Last) <b>Warford</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>1-17-1957</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Sept 30, 1867</b>
9. AGE (In years last birthday) <b>89</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Land-Owner</b>	9. AGE (In years last birthday) <b>89</b>
11. BIRTHPLACE (City and State or Foreign Country) <b>West Liberty, Iowa</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>H. B. Warford</b>		13b. MOTHER'S MAIDEN NAME <b>Malinda Lambert</b>	14. NAME OF HUSBAND OR WIFE <b>Sarah Elizabeth Warford</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>Walter L. Warford, Pattonburg, Mo.</b> 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) <b>NUTRITIONAL FAILURE</b>  ANTECEDENT CAUSES DUE TO (b) <b>ABDOMINAL NEOPLASM</b> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <b>RHEUMATOID ARTHRITIS</b> <b>ARTERIOSELECTIC HEART DISEASE</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	INTERVAL BETWEEN ONSET AND DEATH <b>2 mo.</b>  <b>over 3 mo.</b>  <b>4 YEARS.</b> <b>&gt;10 YEARS.</b>
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) _____	20. AUTOPSY? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	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 <b>Nov. 6, 1956</b> , to <b>JAN 17, 1957</b> , that I last saw the deceased alive on <b>JAN 17, 1957</b> , and that death occurred at <b>11:45 Pm.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Albert Nibbe</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>Box 33 BETHANY, MO.</b>	23c. DATE SIGNED <b>1-19-57</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>1-19-1957</b>	24c. NAME OF CEMETERY OR CREMATORY <b>I.O.O.F. Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Pattonburg, Mo.</b>
DATE REC'D BY LOCAL REG. <b>Jan 23-1957</b>	REGISTRAR'S SIGNATURE <b>John Burris</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Louis Quest</b> ADDRESS <b>Pattonburg, Mo.</b>	

FEB 14 1957

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 *Louis J. [Signature]*

Licensed Embalmer No. *4096*

P. O. Address *Pattonville*

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.