

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8380

STATE FILE NUMBER

FILED APR 1 - 1957

13724-57 Registration District No. 129 Primary Registration District No. 2000 Registrar's No. 249-A

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		c. CITY OR TOWN Springfield 63967	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Handley Hosp. D		d. STREET (Parents) (If outside, give location) ADDRESS 1627 W. Chestnut	
Length of stay in 1b Life		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) Jerry Mike Warner			4. DATE OF DEATH March 14, 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1957 February 26	9. AGE (In years last birthday) no	IF UNDER 1 YEAR Months --- Days 16 Hours --- Min. ---
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (City and state or country) Springfield, Mo. 0	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13. FATHER'S NAME Junior Lee Warner		14. MOTHER'S MAIDEN NAME Anna Dee Imogene Lowery	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Junior Lee Warner--Springfield, Mo	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Septicemia		INTERVAL BETWEEN ONSET AND DEATH 18-20hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 7680		

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ a. m. _____ p. m. _____		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 3-14-57 9:30 am to death and last saw ^{her} him alive on Same day Death occurred at 11:30 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Doctor or 11th) Charles D. Kelly M.D.	22b. ADDRESS Springfield, Missouri	22c. DATE SIGNED 3-23-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-15-1957	23c. NAME OF CEMETERY OR CREMATORY Macomb Cemetery	23d. LOCATION (City, town, or county) (State) Macomb, Missouri
24. FUNERAL DIRECTOR W. J. Gannon	ADDRESS Springfield, Mo.	25. DATE RECD. BY LOCAL REG. 3-25-57	26. REGISTRAR'S SIGNATURE Gatha Williamson

(Licensed Embalmer's Statement on Reverse Side)

Death, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

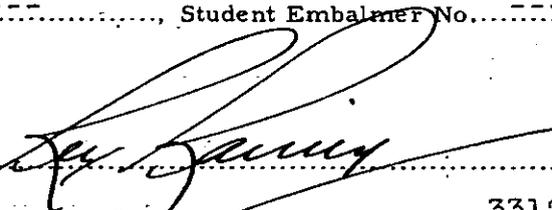
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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1-56

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 .....

Licensed Embalmer No. 3312

P. O. Address Springfield

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