Health, Welfare Public Service

300 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-000370

STATE FILE NUMBER

FILED FEB 2 1959 Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 94

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Joseph — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 522 N. 3rd St. — Length of stay in 1b: life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Buchanan
c. CITY OR TOWN: St. Joseph — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 522 N. 3rd — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: THOMAS Middle: PETER Last: WARBURTON

4. DATE OF DEATH Month Day Year: Jan. 24, 1959

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: July 30, 1881

9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Barber

10b. KIND OF BUSINESS OR INDUSTRY: Barber Shop

11. BIRTHPLACE (City and state or country): St. Joseph, Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Peter T. Warburton

13b. MOTHER'S MAIDEN NAME: Nancy Branson

14. NAME OF HUSBAND OR WIFE: Blondena

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): ——

16. SOCIAL SECURITY NO.: 491-10-5853A

17. INFORMANT Address: Mrs. Ruth Lunden, R. R. #5, St. Joseph, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cerebral Accident	immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	High Blood Pressure	unknown
DUE TO (c)	Atherosclerosis 331X	unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Was also subject to Thrombophlebitis

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 1957, to 1959 and last saw ~~her~~ him alive on ~~January 2~~ 1/23/59
Death occurred at 8:00a. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE M E Riemer (Degree or title) M.D.

22b. ADDRESS 423 Main

22c. DATE SIGNED 1/24/59

23a. BURIAL, CREMATION, REMOVAL (Specify): burial

23b. DATE: 1/26/1959

23c. NAME OF CEMETERY OR CREMATORY: Ashland Cemetery

23d. LOCATION (City, town, or county) (State): St. Joseph Missouri

24. FUNERAL DIRECTOR: Heston-Bowman ADDRESS: St. Joseph, Mo.

25. DATE RECD. BY LOCAL REG.: Jan 27, 1959

26. REGISTRAR'S SIGNATURE: Mrs. Clark Gardell

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in Item 10. No symptoms will be listed. All diseases in Part I must be causally related.

Dr. M.E.Riemer USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 [illegible] St. Joseph

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.