

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014143
STATE FILE NUMBER

FILED APR 17 1959 Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 108

| | | | |
|---|----------------------------------|--|---|
| 1. PLACE OF DEATH a. COUNTY Marion | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Marion | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal | | c. CITY OR TOWN Hannibal | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Levering Hospital | | Length of stay in lb 41 days | |
| 3. NAME OF DECEASED (Type or print) Kizzie Mildred Warner | | 4. DATE OF DEATH Month 4 - Day 13 - Year 1959 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> / DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Feb. 27, 1918 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secretary | | 10b. TYPE OF BUSINESS OR INDUSTRY Co. welfare Office | 11. BIRTHPLACE (City and state or country) Paris, Mo. |
| 12. CITIZEN OF WHAT COUNTRY? US | | 13a. FATHER'S NAME Perry S. Bounds | |
| 13b. MOTHER'S MAIDEN NAME Ola Scott | | 14. NAME OF HUSBAND OR WIFE Wm F. Warner- | |
| 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. | |
| 17. INFORMANT Wm. F. Warner-Hannibal, Mo. | | Address | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) fibrosarcoma c metastasis | | | INTERVAL BETWEEN ONSET AND DEATH 18 mo |
| 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) | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 _____ a.m. _____ p.m. _____ | | | |
| 20d. INJURY OCCURRED WHILE AT <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 _____, to _____ and last saw ^{her} _{him} alive on _____ Death occurred at 7:00A m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Rm Drury MD | | 22b. ADDRESS Hannibal, Mo | |
| 22c. DATE SIGNED 4-16-59 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 4-15-59 | |
| 23c. NAME OF CEMETERY OR CREMATORY Grand View Cemetery | | 23d. LOCATION (City, town, or county) (State) Hannibal, Mo. | |
| 24. FUNERAL DIRECTOR Clark Funeral Home-Hannibal, Mo. | | 25. DATE RECD. BY LOCAL REG. 4/14/59 | |
| 26. REGISTRAR'S SIGNATURE Edm Lucke By MCT Fisher | | | |

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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. 4217

P. O. Address Hannibal, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.