

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-024537

Filed VS AUG 3 1959

Registration District No. 75 Primary Registration District No. 3015 Registrar's No. 59

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Clinton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Daviness</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cameron</u>		Length of stay in 1b <u>14 Days</u>	c. CITY OR TOWN <u>Gallatin</u>
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cameron Community Hosp.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>---</u>
			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Fannie</u> Middle <u>Captony</u> Last <u>Warnes</u>			4. DATE OF DEATH Month <u>July</u> Day <u>15</u> Year <u>1959</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4-25-1879</u>	9. AGE (last birthday) <u>80</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (City and state or country) <u>Daviness Co., Mo.</u>	
13a. FATHER'S NAME <u>John Seigler Nichols</u>		13b. MOTHER'S MAIDEN NAME <u>Pheobe Nichols</u>		14. NAME OF HUSBAND OR WIFE <u>Isidoria Warnes (Dece'd)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Nevin Warnes, Gallatin, Mo.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Circulatory collapse</u> DUE TO (b) <u>Bruise, 3rd degree (1/4 skin area) Chest</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hr</u> <u>6 wks.</u>
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Parotitis Gland.</u>	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>Clotting caught fire from gas stove while preparing breakfast</u>	
20c. TIME OF INJURY Hour <u>6</u> a.m. Month, Day, Year <u>6-2-59</u>			

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	20f. CITY, TOWN, OR LOCATION <u>Gallatin Mo.</u>	COUNTY STATE
21. I attended the deceased from <u>June 2 1959</u> to <u>July 15, 1959</u> last saw her/him alive on <u>June 15, 1959</u> Death occurred at <u>9:30 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			

21a. SIGNATURE <u>Edward T. ...</u> (Degree or title)	21b. ADDRESS <u>Gallatin Mo</u>	21c. DATE SIGNED <u>7/26/59</u>
22a. FUNERAL DIRECTOR <u>Hope Funeral Home</u>	22b. ADDRESS <u>Gallatin, Missouri</u>	22c. DATE REC'D. BY LOCAL REG. <u>July 28-59</u>

23. SERIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>7-18-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Brown Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Gallatin, Missouri</u>
24. FUNERAL DIRECTOR <u>Hope Funeral Home, Gallatin, Mo.</u>		25. REGISTRAR'S SIGNATURE <u>Francis D Crawford</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 4 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

L. O. Richesson

Licensed Embalmer No. 3302

P. O. Address Fallston

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