

**FEDERAL BUREAU OF INVESTIGATION - DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**  
 FILED VS MAY 16 1960

**=60-020191**  
 STATE FILE NUMBER

Registration District No. 231 Primary Registration District No. 5808 Registrar's No. 25

INDEXED

1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bear Creek Township</u>		Length of stay in 1b <u>2 weeks</u>		c. CITY OR TOWN <u>Montgomery City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Jonesburg Nursing Home</u>				d. STREET ADDRESS (If outside, give location) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>Clemens</u> Middle <u>Thomas</u> Last <u>Warner</u>			4. DATE OF DEATH Month <u>April</u> Day <u>26</u> Year <u>1960</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10-18-1885</u>	9. AGE (last birthday) <u>74</u>	IF UNDER 1 YEAR Months <u>6</u> Days _____ Hours _____	IF UNDER 24 HR Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Building</u>		11. BIRTHPLACE (City and state or country) <u>Montgomery Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>M. Warner</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Smith</u>			14. NAME OF HUSBAND OR WIFE <u>Gladys Warner</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>199-24-8058-A</u>		17. INFORMANT Address <u>Nashville, Illinois</u> <u>Walter Warner</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: <u>Carcinoma of Stomach with Abdominal</u> IMMEDIATE CAUSE (a) <u>Metastasis</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH <u>6 Mos.</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Pyelonephritis - Senility</u>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 _____ a.m. _____ p.m. Month, Day, Year _____								
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 <u>April 5, 1960</u> to <u>April 26, 1960</u> and last saw him alive on <u>April 26, 1960</u> Death occurred at <u>6:15</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>C. H. Thompson DO</u>				22b. ADDRESS <u>New Florence Mo</u>		22c. DATE SIGNED <u>Apr 28 1960</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>April 28, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Jonesburg Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Jonesburg, Missouri</u>			
24. FUNERAL DIRECTOR <u>Schlanker Funeral Home</u> ADDRESS <u>Montgomery City Missouri</u>				25. DATE RECD. BY LOCAL REG. <u>May 6 - 1960</u>		26. REGISTRAR'S SIGNATURE <u>Laura B Callaway</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Is hereby certified to be embalmed

**STATEMENT BY LICENSED EMBALMER**

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

or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*E. Boon Schlar*

Licensed Embalmer No. 4136

P. O. Address Montgomery

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.