

STATE DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-023931

INDEXED

Registration District No. 248 Primary Registration District No. 5844 Registrar's No. 36 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Seneca, rt 1, Box 23</u>		c. CITY OR TOWN <u>rt 1, Seneca Box 23</u>	
Length of stay in 1b <u>3 mo.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3 mi. E of Seneca</u>		d. STREET ADDRESS (If outside, give location) <u>3 mi. E. of Seneca</u>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Denzil</u> Middle <u>Warner</u> Last <u>Warner</u>			4. DATE OF DEATH Month <u>July</u> Day <u>3</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>6/27/06</u>	9. AGE (last birthday) <u>54</u>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Heavy equipment oper.</u>		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (City and state or country) <u>Hollis, Oklahoma</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>John H. Warner</u>		13b. MOTHER'S MAIDEN NAME <u>Angie Bowles</u>		14. NAME OF HUSBAND OR WIFE <u>Mabel</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>548-12-9738</u>		17. INFORMANT Address <u>Wm. D. Warner, Springdale, Ark</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>Coronary occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) <u>acute indigestion</u>		
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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 <u>6:30</u> a.m. p.m.	Month, Day, Year	
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.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 6:30 to July 3, 1960 and last saw him dead July 3, 1960
Death occurred at 6:30 a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>M. B. Mendenhall DO</u>		22b. ADDRESS <u>Seneca Mo</u>		22c. DATE SIGNED <u>7/5/60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>July 5, 60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>New Salem Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Newton Co. Missouri</u>	

24. FUNERAL DIRECTOR <u>W. E. DeLoe</u>	ADDRESS <u>Seneca Mo</u>	25. DATE RECD. BY LOCAL REG. <u>7 5 60</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Irene Russell</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0071 6 Y 40F SW

NOV 9 1960

NOV 17 1960

0961 T I 100

APR 28 1964

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 W E Sedberry

Licensed Embalmer No. 217

P. O. Address Buena

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.

[Handwritten notes and scribbles at the bottom of the page]