

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-030856

FILED VS. AUG 29 1960

149

Primary Registration District No. 1002

Registrar's No.

4160

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson					
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City		Length of stay in 1b OR TOWN 40 yrs.		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 4204 East 54th.St.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 4204 East 54th.St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First ELOISE Middle LEONA Last WARNICA			4. DATE OF DEATH Month 8 Day 11 Year 60						
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH 5-13-16	9. AGE (last birthday) 44	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) waitress			10b. KIND OF BUSINESS OR INDUSTRY Taverns		11. BIRTHPLACE (City and state or country) OVERLAND Park, Kansas		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Guy L. McDaniel			13b. MOTHER'S MAIDEN NAME Jessie "UNKNOWN"		14. NAME OF HUSBAND OR WIFE LeRoy H. Warnica				
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. 499-07-6657		17. INFORMANT Mr. Robert Wood; 3515 Cherry, K.C., Mo.					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bullet Wounds Chest & Head 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) 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 checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Shot by farmer Jones					
20c. TIME OF INJURY Hour 12:00 Minute Midnite Month, Day, Year 8-11-60		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.) In Home		20f. CITY, TOWN, OR LOCATION Kansas City		COUNTY Jackson	STATE Missouri
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE Joseph H. Owens (Degree or title)				22b. ADDRESS M.D. Coroner 152 Union Station			22c. DATE SIGNED 8-11-60		
23a. BURIAL CREMATION: REMOVAL (Specify) Burial		23b. DATE 8-13-60	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery Kansas City, Missouri			23d. LOCATION (City, town, or county) (State)			
24. FUNERAL DIRECTOR WEILERT FUNERAL HOMES(S) K.C., Mo. ADDRESS			25. DATE RECD. BY LOCAL REG. 8-12-60		26. REGISTRAR'S SIGNATURE H-L. Dwyer				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

