SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-007485
STATE FILE NUMBER

AMENDED

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 52

FILED MAR 27 1961

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Andrain
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Mexico
Length of stay in Ib: 5 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Andrain County Hospital
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Boone
c. CITY OR TOWN: Centralia
Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): S. Rollins
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: Edith Middle: R. Last: Warwick
4. DATE OF DEATH: Month: March Day: 17 Year: 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Aug. 10-1898
9. AGE (last birthday): 62
IF UNDER 1 YEAR: Months: 7 Days: 7
IF UNDER 24 HR: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (City and state or country): Colorado
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: James Prince
13b. MOTHER'S MAIDEN NAME: Ellen Stephens
14. NAME OF HUSBAND OR WIFE: J.J. Warwick
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT: J.J. Warwick Address: Centralia, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Arteriosclerotic heart disease with myocardial failure; auricular fibrillation, — INTERVAL BETWEEN ONSET AND DEATH: 24 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): cardiac enlargement — marked
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): renal infarction-7 weeks ago. pulmonary infarction-6 weeks ago
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 12-1-59 to 3-17-61 and last saw her/him alive on 3-17-61
Death occurred at 5:55 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Robt L. Ward MD
22b. ADDRESS: Centralia, Missouri
22c. DATE SIGNED: 3-17-61
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3-20-61
23c. NAME OF CEMETERY OR CREMATORY: Glendale Memorial Gardens
23d. LOCATION (City, town, or county) (State): Centralia, Mo.
24. FUNERAL DIRECTOR: Paul J. Ballew ADDRESS: Centralia, Mo.
25. DATE RECD. BY LOCAL REG.: March 20-1961
26. REGISTRAR'S SIGNATURE: Blanche Neely

(Licensed Embalmer's Statement on Reverse Side)

MAY 19 1961

VS APR 9 1962

VS APR - 1962

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 Paul J. Ballew

Licensed Embalmer No. 4206

P. O. Address Centralia, Ill

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.