

OURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

ENT OF PUBLIC HEALTH AND WELFARE

-61-040074

STATE FILE NUMBER

Registration District No. 27 Primary Registration District No. 3000 Registrar's No. 139

AMENDED

FILED NOV 27 1961

1. PLACE OF DEATH a. COUNTY Bates			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Bates		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Butler, Mo.		Length of stay in 1b 3 weeks		c. CITY OR TOWN Butler Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Bates Co. Memorial Hosp.			d. STREET ADDRESS (If outside, give location) 300 West Adams		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Lula May Warford			4. DATE OF DEATH Month Day Year November 13, 1961		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-19-1884	9. AGE (last birthday) 76 IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. 10 24	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cashier		10b. KIND OF BUSINESS OR INDUSTRY Butler City Hall		11. BIRTHPLACE (City and state or country) Bates Co., Mo.	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME William H. Warford		13b. MOTHER'S MAIDEN NAME Nancy Kathryn Murry	
14. NAME OF HUSBAND OR WIFE none		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.	
17. INFORMANT Edith Warford		17. INFORMANT Address Butler, Mo.		18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized Bronchopneumonia DUE TO (b) Fracture Rt. Hip DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
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.) Fall at home. Fract. Rt. Hip.	
20c. TIME OF INJURY Hour 2 p.m. Month, Day, Year 10/19/61		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 Butler		20g. COUNTY Mo.		20h. STATE Mo.	
21. I attended the deceased from Oct 19, 1961 to Nov. 13, 1961 and last saw her alive on Nov. 13, 1961 Death occurred at 5:45 A m on the date stated above, and to the best of my knowledge, from the causes stated.		22. SIGNATURE (Degree or title) Carter H. Lutes M.D.		22b. ADDRESS Butler Mo	
22c. DATE SIGNED 10/13/61		23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 11-14-61	
23c. NAME OF CEMETERY OR CREMATORY Oakhill		23d. LOCATION (City, town, or county) Butler, Mo.		23e. STATE Mo.	
24. FUNERAL DIRECTOR Culver Underwood		24. ADDRESS Butler, Mo.		25. DATE RECD. BY LOCAL REG. NOV-14-61	
26. REGISTRAR'S SIGNATURE Randall Murry		26. REGISTRAR'S SIGNATURE		26. REGISTRAR'S SIGNATURE	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

INSTEAD OF

SHOULD READ

DEC 12 1961

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 John G. Linderwau

Licensed Embalmer No. 3585

P. O. Address Butler Wis

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.