

CERTIFICATE OF DEATH

**FILED**

JUN 9 1972

Registration District No. 128

Primary Registration District No. 200

Registrar's No. 1020

VS 300  
Rev. 1/70

DECEASED—NAME 1. <b>Dennis Ray WARNER</b>			SEX 2. <b>Male</b>	DATE OF DEATH (MONTH, DAY, YEAR) 3. <b>May 31, 1972</b>	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) 4. <b>White</b>	AGE—LAST BIRTHDAY (YEARS) 5a. <b>18</b>	UNDER 1 YEAR 5b. MOS. DAYS	UNDER 1 DAY 5c. HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR) 6. <b>Nov. 23, 1953</b>	
CITY, TOWN, OR LOCATION OF DEATH 7b. <b>Springfield</b>	INSIDE CITY LIMITS (SPECIFY YES OR NO) 7c. <b>Yes</b>	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d. <b>St. John's Hospital</b>			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8. <b>Missouri</b>	CITIZEN OF WHAT COUNTRY 9. <b>U.S.A.</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. <b>Never Married</b>	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)		
SOCIAL SECURITY NUMBER 11. <b>492-56-7888</b>		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EXAM. IF RETIRED) 12. <b>Student &amp; Farmer</b>	KIND OF BUSINESS OR INDUSTRY 13.		
RESIDENCE—STATE 14a. <b>Missouri</b>	COUNTY 14b. <b>Barry</b>	CITY, TOWN, OR LOCATION 14c. <b>Purdy</b>	INSIDE CITY LIMITS (SPECIFY YES OR NO) 14d. <b>No</b>	STREET AND NUMBER 14e. <b>Route # 1</b>	

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

**PARENTS**

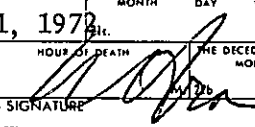
FATHER—NAME 15. <b>Gerald Warner</b>	MOTHER—MAIDEN NAME 16. <b>Lorene Caywood</b>
INFORMANT—NAME 17. <b>Lorene Warner</b>	
MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17b. <b>Rt. # 1-Purdy, Mo., 65734</b>	

**CAUSE**


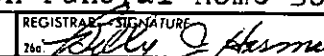
PART I. DEATH WAS CAUSED BY: 18. IMMEDIATE CAUSE	[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(a) <b>Basal skull fracture, cardiac contusion, fracture hip.</b>		
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST	(b) DUE TO, OR AS A CONSEQUENCE OF:	
	(c) DUE TO, OR AS A CONSEQUENCE OF:	

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)			AUTOPSY (YES OR NO) 19a.	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b.
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20a. <b>Accident</b>	DATE OF INJURY (MONTH, DAY, YEAR) 20b. <b>May 24, 1972</b>	HOUR 20c. <b>M.</b>	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) 20d. <b>One car accident</b>	
INJURY AT WORK (SPECIFY YES OR NO) 20e. <b>No</b>	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE (BLDG., ETC. (SPECIFY) 20f. <b>Street</b>	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 20g.	IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS 20h. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	

**CERTIFIER**

CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM 21a. <b>May 25, 1972</b> TO 21b. <b>May 31, 1972</b>	AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR	I DID/DID NOT VIEW THE BODY AFTER DEATH. 21d.	DEATH OCCURRED (HOUR) 21e.	AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. 21f.
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. 22.				
CERTIFIER—NAME (TYPE OR PRINT) 23a. <b>Wm. C. Francis, M. D.</b>	SIGNATURE 23b. 	DEGREE OR TITLE 23c.	DATE SIGNED (MONTH, DAY, YEAR) 23d. <b>June 5, 1972</b>	
MAILING ADDRESS—CERTIFIER 23e. <b>600 South Glenstone, Springfield, Missouri 65802</b>				

**BURIAL**

BURIAL, CREMATION, REMOVAL (SPECIFY) 24. <b>Burial</b>	CEMETERY OR CREMATORY—NAME 24a. <b>Muncie Chapel</b>	LOCATION 24b. <b>Barry County, Missouri</b>
DATE 24c. <b>June 3, 1972</b>	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 24d. <b>McQueen Funeral Home-Box 287-wheaton, Mo., 64874</b>	
FUNERAL DIRECTOR—SIGNATURE 25a. 	REGISTRAR—SIGNATURE 25b. 	DATE RECEIVED BY LOCAL REGISTRAR 25c. <b>June 7, 1972</b>

DO NOT WRITE ON THIS STUB

9. 29  
10a. 29  
10b. 009  
11. 35702  
12.  
13. 0024177  
14.  
15. Xg 8150  
16. 8  
17.  
18. 36  
19. CREDITS 28  
20.

Type or print in PERMANENT BLACK INK. See handbook for instructions.

JUN 16 1972

JUN 28 1972

RECEIVED

JUN 7 1972

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 Michael A. Young

Licensed Embalmer No. 5345

P. O. Address Springfield, Mo

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.