

CERTIFICATE OF DEATH

124

73 012372

DO NOT WRITE
ON THIS STUB

VS 300

FILED

Reg. Division District No. JUN 15 1973 245

Primary Registration District No.

Registrar's No. 88

Rev. 11/72

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. Imogene Vera WARNER		Imogene	Vera	WARNER	Female	June 9, 1973	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH	
4. White		5a. 56	5b.	5c.	Apr. 29, 1917	7a. Newton	
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)				
7b. Neosho		7c. Yes	7d. Sale Memorial Hosp.				
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
8. Oklahoma		9. U.S.A.		10. Married		11. Earl Warner	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)			KIND OF BUSINESS OR INDUSTRY		
12. 498-28-7176		13a. Housewife			13b.		
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION, ZIP CODE		INSIDE CITY LIMITS (SPECIFY YES OR NO)	TOWNSHIP	STREET AND NUMBER
14a. Missouri		14b. Barry	14c. Purdy, 65734		14d. No	14e. Corcicana	14f. Route # 1
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME		FIRST
15. Bethel Smith		Bethel		Smith	16. Rose Ellen Canady		Ellen
INFORMANT—NAME		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)					
17a. Earl Warner		17b. Rt. # 1-Purdy, Mo., 65734					
PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE		(a) PERITONITIS					
DOE TO, OR AS A CONSEQUENCE OF:		(b) PERFORATED DUODENAL ULCER					
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST		(c)					
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)	
		20a.		20b.	20c.	20d.	
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)		IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS	
20e.		20f.		20g.		20h. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
CERTIFICATION—PHYSICIAN:		MONTH	DAY	YEAR	MONTH	DAY	YEAR
21a. I ATTENDED THE DECEASED FROM		May 2, 1973	TO	June 9, 73	AND LAST SAW HIM/HER ALIVE ON	21b. DID/DID NOT VIEW THE BODY AT DEATH	DEATH OCCURRED (HOUR)
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.		21c. 8:55 AM		21d. 6-9-73		21e. M. TO THE CAUSE(S) STATED.	
CERTIFIER—NAME (TYPE OR PRINT)		ID. LICENSE NO.		SIGNATURE		DEGREE OR TITLE	DATE SIGNED (MONTH, DAY, YEAR)
22a. W.D. Dabbs MD R2510		22b. 23c.		22c. W.D. Dabbs		22d. 6-13-73	22e.
MAILING ADDRESS (SPECIFY)		CITY OR TOWN		STATE		ZIP	
23a. 113 West Hickory Street, Neosho, Missouri		64850					
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION		CITY OR TOWN STATE	
24a. Burial		24b. Muncie Chapel		24c. Barry County		Missouri	
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)					
25a. June 12, 1973		25b. McQueen Funeral Home-Box 287-Wharton, Mo., 64874					
FUNERAL DIRECTOR—SIGNATURE		B.E.G. NO.	REGISTRAR—SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR			
25c. Donnie Plummer		25d. 76	25e. Maylene Belk	25f. 6-12-73			

DECEASED

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

PARENTS

CAUSE

CERTIFIER

BURIAL

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

7b-c 3005

7d. 10164

8. 40

14a. 29

14b. 009

14c-d 35702

14e. 020

23. DR02510

26a. 2

18-U. 5321

18-S-1.

18-S-2.

20a-f.

20g-St.

20g-Co.

20g-Cy.

JUN 21 1973

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

[Handwritten Signature]

Signed Lonnie E Plumblee

Licensed Embalmer No. 5791

P.O. Address Wheaton, 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.