

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2410**

FILED FEB 5 1957

BIRTH NO. _____ REG. DIST. NO. **297** PRIMARY REG. DIST. NO. **3057** Registrar's No. **10**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Ray			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lafayette		
b. CITY (If outside corporate limits, write RURAL and give township) Richmond		c. LENGTH OF STAY (in this place) 2 yrs.	c. CITY OR TOWN Lexington		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Penny Rest Home			e. STREET ADDRESS (If rural, give location) 231 North 16th Street		
3. NAME OF DECEASED (Type or Print) a. (First) MARGARET b. (Middle) WARDER c. (Last) GROSSMAN			4. DATE OF DEATH (Month) (Day) (Year) January 28, 1957		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH January 3, 1890	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months 0 Days 28
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Lexington, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Jesse W. Warder		13b. MOTHER'S MAIDEN NAME Fannie Whittlesey		14. NAME OF HUSBAND OR WIFE Not Known	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NONE		16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Mrs. J. M. Lindsay, Warrensburg, Mo. ADDRESS _____		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Progressive muscular dystrophy				INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Jan 21, 1957 to Jan 28, 1957 , that I last saw the deceased alive on Jan 27, 1957 and that death occurred at 9:30 P. M. , from the causes and on the date stated above.					
23a. SIGNATURE Walter M. Gifford, M.D., Richmond, Mo. (Degree or title)			23b. ADDRESS		23c. DATE SIGNED 1-30-57
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE January 30, 1957	24c. NAME OF CEMETERY OR CREMATORY Wachpelah	24d. LOCATION (City, town, or county) (State) Lexington, Missouri		
DATE REC'D BY LOCAL REG. Jan 30-1957	REGISTRAR'S SIGNATURE Malcolm Jackson		FUNERAL DIRECTOR'S SIGNATURE James F. Tempel, Lexington, Missouri ADDRESS _____		

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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.....
[Handwritten Signature]

Licensed Embalmer No. 298

P. O. Address *[Handwritten Address]*

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.