

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11029**

BIRTH NO. FILED APR 14 1954 REG. DIST. NO. **366** PRIMARY REG. DIST. NO. **6241** Registrar's No. **25**

1. PLACE OF DEATH a. COUNTY <b>Washington</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Washington</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Bethon Mo.</b>	c. LENGTH OF STAY (In this place) <b>18 mo.</b>	c. CITY OR TOWN <b>Rural</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Near Petri</b>		e. STREET ADDRESS (If rural, give location) <b>Near Petri 1108</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Sarah</b> b. (Middle) <b>Annie</b> c. (Last) <b>Warley</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 9 1954</b>		
5. SEX <b>Female</b>	6. COLOR OF RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec 25-1879</b>	9. AGE (In years last birthday) <b>76</b>	if UNDER 1 YEAR: Months <b>3</b> Days <b>14</b>
10a. USUAL OCCUPATION (Give kind of work denoting most of working life, even if retired) <b>House work</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Wayne Co. Mo.</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>					

13a. FATHER'S NAME <b>Elijah Bennett</b>	13b. MOTHER'S MAIDEN NAME <b>Laura Tidwell</b>	14. NAME OF HUSBAND OR WIFE <b>Thomas Warley</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, per enlistment) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mr R.E. Warley Petri Mo 154</b>

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Angina</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Acute Circulatory Failure</b> DUE TO (c) <b>Coronary Thrombosis</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>High Blood Pressure</b> <b>Resection of Stomach</b>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4201 H</b>		20. AUTOPSY? 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)	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 **1/21**, 19**54** to **4/8**, 19**54**, that I last saw the deceased alive on **4/8**, 19**54**, and that death occurred at **2:54 AM.**, from the causes and on the date stated above.

23a. SIGNATURE (Declarant or title) <b>George H. Jones D.D.</b>	23b. ADDRESS <b>Petri Mo</b>	23c. DATE SIGNED <b>4/9/54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>4-11-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Pilot Knob Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Wayne Co. Mo</b>
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DATE REC'D BY LOCAL REG. <b>4/9/54</b>	REGISTRAR'S SIGNATURE <b>Arburt Sidall</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Mrs. Lutha Spahr Petri Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

APR 13 1954

WASH. COUNTY HEALTH DEPT

File No. \_\_\_\_\_

APR 27 1954

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 *Murphy Sparks* \_\_\_\_\_  
Licensed Embalmer No. *4253*

P. O. Address *Had Run* \_\_\_\_\_

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.