

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

714

FILED JAN 28 1958

STATE FILE NUMBER

Registration District No. 88 Primary Registration District No. 5327 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Crawford</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Keysville, Mo.</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Keysville, Missouri</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT inhospital, give location) HOSPITAL OR INSTITUTION <u>Keysville</u>			Length of stay in 1b <u>most of life</u>	d. STREET ADDRESS (If outside, give location) <u>Reside on Farm</u>			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>George</u> Middle <u>Oren</u> Last <u>Warfel</u>				4. DATE OF DEATH Month <u>Jan</u> Day <u>15</u> Year <u>58</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>March, 6, 1870</u>		9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>3</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Dent County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>James Warfel</u>				14. MOTHER'S MAIDEN NAME <u>Helen Hopkins</u>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Mrs. William Gray</u>		Address <u>Steelville, Mo.</u>		
18. CAUSE OF DEATH [Enter only one cause per line in (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Embolism</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Plethorhombosis</u> DUE TO (c) <u>Cerebral Vasculor Accident</u>							INTERVAL BETWEEN ONSET AND DEATH <u>5 minute</u>	
							PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)	
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.) <u>466X</u>					
20c. TIME OF INJURY Hour <u></u> Month <u></u> Day <u></u> Year <u></u> a. m. <u></u> p. m. <u></u>								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE		
21. I attended the deceased from <u>9-29-57</u> to <u>1-15-58</u> and last saw him alive on <u>12-16-57</u> Death occurred at <u>11:15</u> <u>am</u> on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>Dr. J. Steelville</u> (Doctor or title)				22b. ADDRESS <u>Steelville, Mo.</u>		22c. DATE SIGNED <u>1-18-58</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Jan 17, 58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>New Home Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Crawford County Mo.</u>			
24. FUNERAL DIRECTOR <u>Harry M. Jonas</u> ADDRESS <u>Steelville, Mo</u>			25. DATE RECD. BY LOCAL REG. <u>1/24/57</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Hazel Lechius</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes. diseases in Part I must be causally related.

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George Oren Warfel

Memorial

Photos

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Birth: Mar. 6, 1870
Death: Jan. 15, 1958

Note: born in Howes Mill, MO to James Alexander & Ellen Hopkins Warfel. Married Clara Godbey 10-4-1898.

Burial:
[New Home Cemetery](#)
Crawford County
Missouri, USA

[Edit Virtual Cemetery info](#) [?]

Created by: [Diana Berkel](#)
Record added: May 15, 2011
Find A Grave Memorial# 69881444