

FILED FEB 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3768

BIRTH NO. _____ REG. DIST. NO. 391 PRIMARY REG. DIST. NO. 6153 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Pike</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Pike</u>	
c. LENGTH OF STAY (in this place) <u>32 years</u>		d. STREET ADDRESS (If rural, give location) <u>Ardeal</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>name 10</u>		d. STREET ADDRESS (If rural, give location) <u>Ardeal</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>MATTIE</u>	b. (Middle) <u>WARREN</u>	c. (Last) <u>WARREN</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>Feb. 4 1949</u>

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 5, 1891</u>	9. AGE (In years last birthday) <u>57</u>	10. IF UNDER 1 YEAR Months <u>3</u> Days <u>29</u>	11. IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Stoddard Co. Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Joslin Deism</u>	13b. MOTHER'S MAIDEN NAME <u>Not Known</u>	14. NAME OF HUSBAND OR WIFE <u>William N. Warren</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>	16. SOCIAL SECURITY NO. <u></u>	17. INFORMANT'S SIGNATURE OR NAME <u>William N. Warren</u>	ADDRESS <u></u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL HEMORRHAGE</u>		INTERVAL BETWEEN ONSET AND DEATH <u>YEARS</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>HYPERTENSION</u>		
	DUE TO (c) <u>33 yr</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>ARTERIOSCLEROSIS</u>		" <u>"</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 12:05 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>P. S. Lawrence</u> (Degree or title)	23b. ADDRESS <u>Bloomfield</u>	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Feb. 6, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Travelers Hill Cem. near Bloomfield, Mo.</u>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <u>2-9-49</u>	REGISTRAR'S SIGNATURE <u>Bennie Moore</u>	360	25. GENERAL DIRECTOR'S SIGNATURE <u>Dwight S. Morgan</u>	ADDRESS <u>Cherokee</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

68
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760

RECEIVED
District Health Office No. 2
District File Number 249-25
Date Filed 2-14-49

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 _____

Lloyd S. Morgan

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed *Lloyd S. Morgan*

Licensed Embalmer No. 3361

P. O. Address Advance 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 this body is not embalmed, fact should be so stated above.