

FILED MAR 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9498**

BIRTH NO. _____		REG. DIST. NO. 383		PRIMARY REG. DIST. NO. 5655		Registrar's No. 306			
1. PLACE OF DEATH a. COUNTY Lawrence				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pemiscot					
b. CITY OR TOWN Mt. Vernon, Mo.		c. LENGTH OF STAY (in this place) 981 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Portageville, Mo. 0720					
d. FULL NAME OF HOSPITAL OR INSTITUTION. Mo. State Sanatorium				d. STREET ADDRESS (If rural, give location) None					
3. NAME OF DECEASED (Type or Print) a. (First) Bud			b. (Middle) Warren		c. (Last) Warren		4. DATE OF DEATH (Month) (Day) (Year) 3 23 50		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 6-26-95	9. AGE (In years last birthday) 54	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (State or foreign country) Parsons, Tenn.		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME B. O. Warren			13b. MOTHER'S MAIDEN NAME Elizabeth Pitts			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None		17. INFORMANT'S SIGNATURE OR NAME Ethel McMichael, Record Clerk, Mt. Vernon					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis				II. OTHER SIGNIFICANT CONDITIONS				About 13 yrs	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES					
				DUE TO (b) _____					
				DUE TO (c) _____					
				Conditions contributing to the death but not related to the disease or condition causing death.				002X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 July 15, 1947 , to March 23, 1950 , that I last saw the deceased alive on March 23, 1950 , and that death occurred at 2:05 a.m. , from the causes and on the date stated above.									
23a. SIGNATURE C. A. Brasher M.D. (Degree or title)				23b. ADDRESS Mt. Vernon, Missouri			23c. DATE SIGNED 3-23-50		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removed		24b. DATE 3-24-50		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Portageville, Mo.			
DATE REC'D BY LOCAL REG. March 23, 1950		REGISTRAR'S SIGNATURE Cecil Hendrickson			25. FUNERAL DIRECTOR'S SIGNATURE Max L. Fossell ADDRESS W. Vernon				

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

RECEIVED MAR 25 1950

District Health Office No. 6,

District File Number 250-369

Date Filed 3-25-58

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
Student Embalmer

Signed Max J. Forsyth

Licensed Embalmer No. 4252

P. O. Address McLennan, 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.