

FILED OCT 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29687

State File No.

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 304

64
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1. PLACE OF DEATH a. COUNTY <u>CAPE GIRARDEAU</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) <u>CAPE GIRARDEAU</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL</u> <u>103^o</u>	
c. LENGTH OF STAY (in this place) <u>1 Day</u>		d. STREET ADDRESS (If rural, give location) <u>ABOUT 4 MILES N.E. OF BELL CITY</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SOUTHEAST MISSOURI HOSP.</u>			

3. NAME OF DECEASED a. (First) <u>BOBBIE</u> b. (Middle) <u>JOE</u> c. (Last) <u>WARREN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 28 1950</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>JUNE 3 1947</u>	9. AGE (In years last birthday) <u>3</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>25</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>BELL CITY, MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	

13a. FATHER'S NAME <u>CLYDE Wm. WARREN</u>	13b. MOTHER'S MAIDEN NAME <u>JOSEPHINE TANNER</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>JOSEPHINE WARREN</u>	ADDRESS <u>BELL CITY, MO.</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>Second and Third Degree burns on the entire body</u>		INTERVAL BETWEEN ONSET AND DEATH <u>691/20</u> <u>16</u>
	ANTECEDENT CAUSES Morbidity 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 <u>103</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>At Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4 1/2 Miles N. of Bell City, Stoddard Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) <u>Sept. 28 50 A. M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>By pouring Kerosene on the fire</u>
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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 1:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>E. R. [Signature]</u>	(Degree or title) <u>Coroner</u>	23b. ADDRESS <u>4 S. Pacific Street Cape Girardeau Mo</u>	23c. DATE SIGNED <u>1950 Oct 2</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>SEPT 30 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FRIEND CEMETERY.</u>	24d. LOCATION (City, town, or county) (State) <u>ORAN SCOTT COUNTY MO.</u>
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DATE REC'D BY LOCAL REG. <u>10-2-1950</u>	REGISTRAR'S SIGNATURE <u>C. C. Summers</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Oran Mo</u>
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Carl J. Smith

Signed.....
Student Embalmer

Licensed Embalmer No. *2676*

P. O. Address *Oran, 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.