

29688

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 11 1950

BIRTH NO. _____		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>3010</u>		Registrar's No. <u>305</u>			
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) OR TOWN <u>CAPE GIRARDEAU</u>		c. LENGTH OF STAY (In this place) <u>1 DAY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL</u>		/ <u>1030</u> /			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SOUTHEAST MISSOURI HOSP.</u>				d. STREET ADDRESS (If rural, give location) <u>ABOUT 4 MILES N. E. OF BELL CITY</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>CLYDE</u> b. (Middle) <u>WILLIAM</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>MARRIED</u>	8. DATE OF BIRTH <u>APRIL 23 1914</u>	9. AGE (In years last birthday) <u>36</u>	IF UNDER 1 YEAR Months <u>5</u>	IF UNDER 24 HRS. Days <u>5</u>	IF UNDER 1 HR. Hours <u>1</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 (State or foreign country) <u>GOSNELL ARKANSAS /</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			
13a. FATHER'S NAME <u>RUBE WARREN</u>			13b. MOTHER'S MAIDEN NAME <u>WILLIE DARNELL</u>		14. NAME OF HUSBAND OR WIFE <u>JOSEPHINE WARREN</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>UNK</u>		17. INFORMANT'S SIGNATURE OR NAME <u>JOSEPHINE WARREN</u>		ADDRESS <u>BELL CITY MO</u>			
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, asthenia, 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) <u>Second and Third Degree burns on the</u>				entire body					
ANTECEDENT CAUSES				DUE TO (b) _____					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) _____				<u>89160</u>	
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death.				<u>16</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>103</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <u>SUICIDE HOMICIDE 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 Miles N. of Bell City Scott STODDARD Mo</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Sept 28 50 B 10</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>					
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 <u>3:10 P.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>E. P. Bricker</u> (Degree or title) <u>Coroner</u>				23b. ADDRESS <u>4 S. Pacific St Cape Girardeau</u>		23c. DATE SIGNED <u>Oct 2, 1950</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>RURIAL</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>			
DATE REC'D BY LOCAL REG. <u>10-2-1950</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u>		44		25. FUNERAL DIRECTOR'S SIGNATURE <u>Earl Smith</u>		ADDRESS <u>Crow Me</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

640

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

Earl J. Smith

Signed.....
Student Embalmer

Licensed Embalmer No. *31676*

P. O. Address *Owen, Md*

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.