

THE DIVISION OF HEALTH OF MISSOURI  
**FILED NOV 21 1950 STANDARD CERTIFICATE OF DEATH**

State File No. **36799**  
 Registrar's No. **138**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **132** PRIMARY REG. DIST. NO. **3021**

1. PLACE OF DEATH a. COUNTY <b>Grundy</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>Grundy</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>1304 E. 12th Trenton</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>1304 E. 12th 0402</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Wright Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>Trenton, Mo.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Ray</b> b. (Middle) <b>VIIVIAN</b> c. (Last) <b>WARREN</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>NOV 15 1950</b>
5. SEX <b>MALE</b> 6. COLOR OR RACE <b>W</b> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>Dec 22 1890</b> 9. AGE (to years last birthday) <b>59</b> IF UNDER 1 YEAR Months <b>10</b> Days <b>23</b> IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Railway Conductor</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>TRANSPORTATION</b>
11. BIRTHPLACE (State or foreign country) <b>Trenton, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Charles A. Warren</b>	13b. MOTHER'S MAIDEN NAME <b>MARY L. Crawford</b>	14. NAME OF HUSBAND OR WIFE <b>GRACE MOE WARREN</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>708-14-0252</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Grace Moe Warren</b> ADDRESS _____

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arterio Sclerosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 or 3 years</b>
	ANTECEDENT CAUSES Morbid 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.		<b>4500</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 **Nov 9, 1950**, to **Nov 15, 1950**, that I last saw the deceased alive on **Nov 14, 1950** and that death occurred at **1:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>E. A. Duffey M.D.</b> (Degree or title)	23b. ADDRESS <b>Trenton</b>	23c. DATE SIGNED <b>Nov 16 50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>NOV 17 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Maple Grove Cemetery</b>
		24d. LOCATION (City, town, or county) (State) <b>Trenton, MO</b>

DATE REC'D BY LOCAL REG. <b>11/17/50</b>	REGISTRAR'S SIGNATURE <b>Helen Jaw</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Davis-Blackmore</b> ADDRESS <b>Trenton, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 21 1950

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.

*Myself*

Student Embalmer No.....

Signed *Raymond A. Williams*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3424*

P. O. Address *Drexton, Me*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.