

FILED JUN 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17555

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. 194	
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>			
b. CITY OR TOWN <u>Sedalia</u>		c. LENGTH OF STAY (In this place) <u>1 day</u>		c. CITY OR TOWN <u>Sedalia</u>		d. STREET ADDRESS (If rural, give location) <u>207 E. St. Louis St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Hospital #2</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Carrie</u>		b. (Middle) _____		c. (Last) <u>Warren</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6-5-51</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>1897</u>	
9. AGE (In years last birthday) <u>57</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>maid</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Columbia Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Jessie Mae Lightfoot-304 W. Johnson</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute myocarditis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Perforation of transverse colon</u> DUE TO (c) <u>Fibrosis of Liver</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>15.3 X</u>				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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) (Min.) _____		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 <u>Jan 8, 1951</u> , to <u>June 5, 1951</u> , that I last saw the deceased alive on <u>June 5, 1951</u> , and that death occurred at <u>6:00 pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>A.R. Maddox M.D.</u> (Degree or title)				23b. ADDRESS <u>116 1/2 W. Main</u>		23c. DATE SIGNED <u>6-8-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-8-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill Annex</u>		24d. LOCATION (City, town, or county) (State) <u>Sedalia Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6/9/1951</u>		REGISTRAR'S SIGNATURE <u>A. J. Campbell</u>		FURNERAL DIRECTOR'S SIGNATURE <u>John A. Smith</u>		ADDRESS <u>Sedalia Mo</u>	

(Licensed Embalmer) Statement on Reverse Side

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

1804
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RECEIVED

6-12-51

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 6-12-51

JUL 11 1951

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.....
Student Embalmer

Signed

Philip Alexander

Licensed Embalmer No. 4745

P. O. Address *Seaside, 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.