

FILED JUN 15 1951

STANDARD CERTIFICATE OF DEATH

State File No. 18712  
5202  
Registrar's No.

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY OR TOWN St. Louis, Mo.		c. CITY OR TOWN Kirksville 0113	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		d. STREET ADDRESS (If rural, give location) 106 N. Franklin 1	

3. NAME OF DECEASED (Type or Print)	a. (First) Ross	b. (Middle) Maxwell	c. (Last) Warden	4. DATE OF DEATH (Month) (Day) (Year)
				June 6 1951

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 3 5-20-1895	9. AGE (In years last birthday) 56	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Agent	10b. KIND OF BUSINESS OR INDUSTRY Railway Express	11. BIRTHPLACE (State or foreign country) Mo	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Mose T Warden	13b. MOTHER'S MAIDEN NAME Mary	14. NAME OF HUSBAND OR WIFE Lyle Edith Jones Warden
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 712-14-9506	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Edith Warden	ADDRESS Kirksville, Missouri
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). <i>Does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 MOS.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of lung, left.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pulmonary catalsism DUE TO (c)		1. min.
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary embolism		15 min.

19a. DATE OF OPERATION 5/26/51	19b. MAJOR FINDINGS OF OPERATION Carcinoma of lung, left	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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? 163X

22. I hereby certify that I attended the deceased from 5/20, 1951, to 6/6, 1951, that I last saw the deceased alive on 6/6, 1951, and that death occurred at 9:15A m., from the causes and on the date stated above.

23a. SIGNATURE F. H. Bradley (Degree or title) M.D.	23b. ADDRESS BARNES HOSPITAL	23c. DATE SIGNED 6/6/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 6/8/51	24c. NAME OF CEMETERY OR CREMATORY Maple Hills	24d. LOCATION (City, town, or county) (State) Kirksville Mo
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DATE REC'D BY LOCAL REG JUN 6 1951	REGISTRAR'S SIGNATURE J. B. Farsted	25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary Service Inc.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 5 1952  
FEB 4 1959  
APR 11 1951

*Mul*

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.....

*Ronald O. Yalucke*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3917

P. O. Address ST Louis 10. 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.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

18712-51  
State File No. 40992  
Local Registrar's No. 5202

State of Mo }  
County of Adair } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 18 day of June, 1951, before me appears death  
Randolph Davis, who, upon his oath, states that the original record of birth  
for Ross Maxwell Warden <sup>died</sup> June 6, 1951, in the State of death  
Missouri, and which was filed at St Louis Mo on 6-2, 1951, should be corrected as follows:

Item No. 8 should read Feb 3 1895

Instead of May 20 1895

Item No. 13b should read May Hinds

Instead of Mary Hinds

Item No. 14 should read Lytle Jones Warden

Instead of Edith Warden

Item No. 16 should read 712-14-9506

Instead of

Item No. 17 should read Lytle Jones Warden

Instead of Mrs Edith Warden

Item No. 24c should read Maple Hills

Instead of Maple Hills

Item No. 24b should read 6-8-1951

Instead of 6-6-1951

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant Randolph Davis Relationship.  
Recording General Director  
202 E. Wash. Kirksville, Mo.  
Present Address.

Subscribed and sworn to before me this 18 day of June 1951, 194

My Commission expires Feb. 2 1955 Kate Lambert Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.