No. 300
10.48

FILED AUG 31 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26671

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 108

1. PLACE OF DEATH
a. COUNTY Grundy 092
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Trenton
c. LENGTH OF STAY (In this place) 45 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Ferguson Rest Home.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Grundy
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Laredo
d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED (Type or Print)
a. (First) Fountain
b. (Middle) F.
c. (Last) Warren

4. DATE OF DEATH (Month) (Day) (Year) Aug 6 1951

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH April-26-1874
9. AGE (In years last birthday) 77 | If under 1 year: Months 3, Days 10 | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY own Farm.
11. BIRTHPLACE (State or foreign country) Grundy County Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Joseph Warren
13b. MOTHER'S MAIDEN NAME Laura Tolson
14. NAME OF HUSBAND OR WIFE Pearl Warren

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None.
17. INFORMANT'S SIGNATURE OR NAME Carmen E. Jasper **ADDRESS** Laredo Mo

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Lobar Pneumonia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Arteio Sclerosis
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 490X
20. AUTOPSY? YES ☐ 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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 1, 1951, *to* Aug 6, 1951, *that I last saw the deceased alive on* Aug 6, 1951, *and that death occurred at* 6:20 P m., *from the causes and on the date stated above.*

23a. SIGNATURE Joseph M. Lunatti (Degree or title) M.D.
23b. ADDRESS Trenton Mo
23c. DATE SIGNED 6 Aug '51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 8/8/1951
24c. NAME OF CEMETERY OR CREMATORY Alpha Cemetery
24d. LOCATION (City, town, or county) Laredo (State) Mo.

DATE REC'D BY LOCAL REG. 8/8/51
REGISTRAR'S SIGNATURE Irene Jail
25. FUNERAL DIRECTOR'S SIGNATURE E.J. Robertson **ADDRESS** Funeral Home Laredo Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
NOV 20 1951
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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 _____, Student Embalmer No. _____, working under my personal supervision.

Student _____
Student Embalmer

Signed J M Robertson

Licensed Embalmer No. 4388

P. O. Address Laredo 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.