

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27816

FILED AUG 29 1951

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>5935</u>		Registrar's No. <u>248</u>	
1. PLACE OF DEATH a. COUNTY <u>Pettis</u> <u>0800</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>		c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u> <u>0800</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route # 2</u>				d. STREET ADDRESS (If rural, give location) <u>Route # 2</u>			
3. NAME OF DECEASED (Type or Print) <u>LEORA</u>		a. (First)		b. (Middle)		c. (Last) <u>WARREN</u>	
4. DATE OF DEATH <u>Aug. 19, 1951</u>		(Month)		(Day)		(Year)	
5. SEX <u>Fe</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Oct. 11, 1875</u>	
9. AGE (In years last birthday) <u>75</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>*****</u>			
11. BIRTHPLACE (State or foreign country) <u>Pettis County, Missouri</u>				12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME <u>W. Richard D. Elliott</u>		13b. MOTHER'S MAIDEN NAME <u>Nannie Elliott Neal</u>		14. NAME OF HUSBAND OR WIFE <u>Ben. F. Warren</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>*****</u>		16. SOCIAL SECURITY NO. <u>*****</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. August Hamlett, Sedalia, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Chronic glomerulonephritis</u> 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. <u>General arterio Sclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>592 X</u>				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 <u>2-11</u> , 19 <u>47</u> , to <u>8-19</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>8-19</u> , 19 <u>51</u> , and that death occurred at <u>10:15 A.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J. W. Boyer M.D.</u>				23b. ADDRESS <u>Sedalia Mo</u>		23c. DATE SIGNED <u>8/20/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 21, 1951</u>		24c. NAME OF CEMETERY, OR CREMATORY <u>Crown Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Sedalia, Mo</u>	
DATE REC'D BY LOCAL REG. <u>8-22-1951</u>		REGISTRAR'S SIGNATURE <u>W. C. Campbell M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. C. Heckart Sedalia Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
GILESPIE FUNERAL HOME

RECEIVED 8-28-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 8-28-51

SEP 1 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 _____

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

Student _____
Student Embalmer

Signed _____

Licensed Embalmer No. 3470

P. O. Address _____

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.