

FILED DEC 31 1951

STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO.		REG. DIST. NO. <u>382</u>		PRIMARY REG. DIST. NO. <u>5655</u>		Registrar's No. <u>148</u>	
1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Shannon</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Mount Vernon,</u>		c. LENGTH OF STAY (In this place) <u>477 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Winona</u>		<u>1910</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri State Sanatorium</u>				d. STREET ADDRESS (If rural, give location) <u>/</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Ruth</u>		b. (Middle)		c. (Last) <u>Warren</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 17, 1951</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	
8. DATE OF BIRTH <u>Nov. 7, 1935</u>		9. AGE (In years last birthday) <u>16</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u> <u>0</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				13a. FATHER'S NAME <u>J. J. Warren</u>		13b. MOTHER'S MAIDEN NAME <u>Woods</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) <u>NO</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ruby Ann Wilson, Mt. Vernon, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac arrest -</u>				INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		DUE TO (b) <u>Anoxia</u>					
DUE TO (c) <u>Anesthesia</u>							
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		<u>Pulmonary tuberculosis, far advanced. Empyema, TB, left.</u>				<u>2 years.</u>	
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)		<u>002X</u>	
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>12-12-</u> , 19 <u>51</u> , to <u>12-17-</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>12-17-</u> , 19 <u>51</u> , and that death occurred at <u>11:30 AM</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>James C. West DMD</u>				23b. ADDRESS <u>Missouri State Sanatorium, Mt. Vernon, Mo.</u>		23c. DATE SIGNED <u>12-17-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>12-17-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt View Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Mt. View, Mo</u>	
DATE REC'D BY LOCAL REG. <u>12-18-51</u>		REGISTRAR'S SIGNATURE <u>Cecil Handwerker</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. D. Lassett</u>		ADDRESS <u>H. Kutrowski</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

By _____ of MO.
District No. _____

RECEIVED, DEC 21

Dist. File 12-27-36

Date Filed 12-27-36

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 me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed H O Fossett

Licensed Embalmer No. 2201

P. O. Address WV Emerson

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.