

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **8203**

No. 300
10-48

FILED MAR 31 1952

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

BIRTH NO. _____		REG. DIST. NO. <u>141</u>	PRIMARY REG. DIST. NO. <u>3025</u>	Registrar's No. <u>93</u>
1. PLACE OF DEATH a. COUNTY <u>Houma</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mississippi</u> b. COUNTY <u>Houma</u>		
b. CITY OR TOWN <u>West Plains</u>		c. CITY OR TOWN <u>West Plains</u>		<u>0461</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>614 Cass Ave</u>		d. STREET ADDRESS (If rural, give location) <u>614 Cass Ave 0</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Chas</u> b. (Middle) <u>Wm</u> c. (Last) <u>Warden</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3-10-52</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>11/7 1884</u>	9. AGE (In years last birthday) <u>68</u>
10a. USUAL OCCUPATION (Give kind of work accompanying most of working life, even if retired) <u>Relief Minister</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (State or foreign country) <u>Dora, Mo 0</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>James Warden</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy J. Jantz</u>	14. NAME OF HUSBAND OR WIFE <u>Oral Warden</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>✓</u>		16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME (Address) <u>Reba Warden, West Plains</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>AORTIC STENOSIS with</u> ANTECEDENT CAUSES DUE TO (b) <u>CARDIAC DECOMPENSATION</u> DUE TO (c) _____ 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		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>4211</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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>22/2 1952</u> to <u>10 MAR, 1952</u> , that I last saw the deceased alive on <u>10 MAR, 1952</u> , and that death occurred at <u>10:30 a.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Beatrice Cook, M.D.</u>		23b. ADDRESS <u>West Plains, Mo.</u>		23c. DATE SIGNED <u>10 MAR '52</u>
24a. BURIAL, CREMATION, REINTERMENT (Specify)	24b. DATE <u>3/13-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Lagoon</u>	24d. LOCATION (City, town, or county) (State) <u>West Plains Mo</u>	
DATE REC'D BY LOCAL REG. <u>3-24-52</u>	REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>	25. FUNERAL DIRECTOR'S SIGNATURE (Address) <u>Robertson West Plains Mo</u>		

APR 21 1952

STATEMENT BY LICENSED EMBALMER

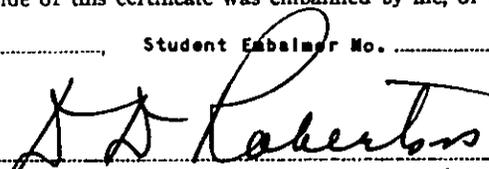
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

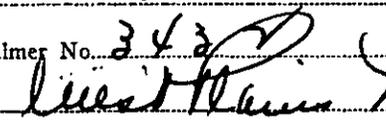
Student
Student Embalmer

Signed _____



Licensed Embalmer No. 3432

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.