

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19197

State File No.

FILED JUN 3 1952

BIRTH NO. _____ REG. DIST. NO. 374 PRIMARY REG. DIST. NO. 4547 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY Worth		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Worth	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Grant City	c. LENGTH OF STAY (In this place) Life	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Grant City,	1130
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) a. (First) Ronnie b. (Middle) Edward c. (Last) Warren			4. DATE OF DEATH (Month) (Day) (Year) May 27, 1952			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify). Never married	8. DATE OF BIRTH March 7, 1942	9. AGE (In years last birthday) 10	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) XXX		10b. KIND OF BUSINESS OR INDUSTRY XXX	11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U. S.	

13a. FATHER'S NAME Edward Warren	13b. MOTHER'S MAIDEN NAME Magnolia Thompson	14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Edward Warren, ADDRESS Grant City, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage from Concussion		INTERVAL BETWEEN ONSET AND DEATH 30 minutes
	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. E 9165 40		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Shed	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Grant City Worth Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 5 27 52 1:30 PM	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? he placed a lighted fire cracker in old gasoline storage tank
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22. I hereby certify that I attended the deceased from 1947, to May 27, 1952, that I last saw the deceased alive on May 27, 1952 and that death occurred at 3:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE Frank B. Matteson M.D. (Degree or title)	23b. ADDRESS Grant City, Mo	23c. DATE SIGNED 5-29-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-29-1952	24c. NAME OF CEMETERY OR CREMATORY Kirk Cemetery	24d. LOCATION (City, town, or county) (State) Worth County, Missouri
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DATE REC'D BY LOCAL REG. May 31 1952	REGISTRAR'S SIGNATURE Reta C. Dawson	25. FUNERAL DIRECTOR'S SIGNATURE Arch C. Dumble ADDRESS Grant City, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 _____

Bill A Dunfee Student Embalmer No. 445
working under my personal supervision

Student Bill A Dunfee
Student Embalmer

Signed Arch C Dunfee

Licensed Embalmer No. 3252

P. O. Address Trant City, 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.