

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

LED MAR 31 1953

BIRTH NO. _____ REG. DIST. NO. 336 PRIMARY REG. DIST. NO. 6178 Registrar's No. 235

1. PLACE OF DEATH a. COUNTY Shannon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Shannon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN West Eminence		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ink 1010	
c. LENGTH OF STAY (in this place) 3 months		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) WALTER b. (Middle) LEE c. (Last) WARREN			4. DATE OF DEATH (Month) (Day) (Year) March 18-1953		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 24-1887	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months 9 Days 24
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Hardidge, Missouri	
13a. FATHER'S NAME W. C. Warren			13b. MOTHER'S MAIDEN NAME Miranda Medley		14. NAME OF HUSBAND OR WIFE Alice Jane Heaton
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.	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Jessie Calvin Lee Warren 1010 Hickory St. Louis, 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) Coronary Thrombosis			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) Coronary Artery disease			
		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		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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Jan 1953 to Mar 17, 1953, that I last saw the deceased alive on Mar 17, 1953 and that death occurred at 3:25A m., from the causes and on the date stated above.

23a. SIGNATURE Dr. Lawrence H. Hays (Degree or title)		23b. ADDRESS Dox Summersville, Mo.		23c. DATE SIGNED	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3020-53		24c. NAME OF CEMETERY OR CREMATORY Heaton		24d. LOCATION (City, town, or county) (State) Round Springs, Mo.	
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DATE REC'D BY LOCAL REG. 330.53		REGISTRAR'S SIGNATURE Mabel Beeler 447		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Duncan Funeral Home Mtn View, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

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 *John P. Dunman*

Licensed Embalmer No. *4328*

P. O. Address *Mt. View, 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.