

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

23603

State File No.

10.300
10.48

FILED JUL 1 - 1953

BIRTH NO. _____		REG. DIST. NO. <u>340</u>		PRIMARY REG. DIST. NO. <u>3075</u>		Registrar's No. <u>34</u>	
1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dexter</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dexter</u>		10 31	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>				d. STREET ADDRESS (If rural, give location) <u>246 So. Locust St.</u> 0			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Bell</u>			b. (Middle) _____			c. (Last) <u>Warren</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>June 18, 1953</u>							
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Sept. 6, 1868</u>	
9. AGE (In years last birthday) <u>84</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>12</u>		IF UNDER 2 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired House-keeper</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Jacksonville, Florida</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
13a. FATHER'S NAME <u>Perry Hickman</u>			13b. MOTHER'S MAIDEN NAME <u>Ann Whitworth</u>			14. NAME OF HUSBAND OR WIFE <u>Daniel J. Warren (Dec'd)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lee R. Warren, Dexter, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerosis</u> DUE TO (c) <u>Spectacles 7 yr</u> 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 <u>331X</u>				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) _____		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>6-15-1953</u> to <u>6-18-1953</u> that I last saw the deceased alive on <u>6-18-1953</u> and that death occurred at <u>10:00 m.p.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>L. S. Davis, M.D.</u>				23b. ADDRESS <u>Dexter, Mo.</u>		23c. DATE SIGNED <u>6-22-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-20-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Taylor</u>		24d. LOCATION (City, town, or county) (State) <u>R.F.D. Essex, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6-25-53</u>		REGISTRAR'S SIGNATURE <u>Velma V. Fenner</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Strickland-Rainey, Dexter, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

[Handwritten Signature]

Licensed Embalmer No. 3179

P. O. Address *[Handwritten 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.