

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 17 1953

| | | | | | | | |
|--|-------------------------------|---|--------------------------------------|---|---|--|---|
| BIRTH NO. _____ | | REG. DIST. NO. <u>366</u> | | PRIMARY REG. DIST. NO. <u>6241</u> | | Registrar's No. <u>42</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Washington</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u> | | | |
| b. CITY OR TOWN <u>Rural - Bretton</u> | | c. LENGTH OF STAY (In this place) <u>years</u> | | c. CITY OR TOWN <u>Rural - Bretton, Mo.</u> | | d. STREET ADDRESS (If rural, give location) <u>War Patee</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>War Patee Mo.</u> | | | | d. STREET ADDRESS (If rural, give location) <u>War Patee</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Victoria Richard</u> | | | b. (Middle) <u>Warden</u> | | c. (Last) <u>Warden</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>June 7 1953</u> |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>July 16 1905</u> | | 9. AGE (In years last birthday) <u>47</u> | | 10. IF UNDER 1 YEAR (Specify) Months <u>10</u> Days <u>21</u> Hours _____ Mins. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house work</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Palmer Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>William T. Fowler</u> | | 13b. MOTHER'S MAIDEN NAME <u>Georgia King</u> | | 14. NAME OF HUSBAND OR WIFE <u>Bob Warden</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, specify unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME <u>Louise Fowler Patee Mo.</u> ADDRESS _____ | | | |
| 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>High Blood Pressure</u> | | | | 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) _____ 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 <u>444 X</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>May 20, 1953</u> , to <u>June 1, 1953</u> , that I last saw the deceased alive on <u>Jan 1, 1953</u> , and that death occurred at <u>3 A</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>D. L. Gibson D.C. Canon</u> | | | | 23b. ADDRESS <u>Poteau, Mo.</u> | | 23c. DATE SIGNED <u>6-8-53</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>6-8-53</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Sun Set Hills Cem.</u> | | 24d. LOCATION (City, town, or county) (State) <u>Washington Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>6/11/53</u> | | REGISTRAR'S SIGNATURE <u>Hubert E. ...</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Mr. Luther Sparks</u> | | ADDRESS <u>Poteau Mo.</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED

JUN 22 1953

16 1952

WASH. COUNTY HEALTH DEPT.

File No. 1053-547

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

Murphy L. Spahr

Licensed Embalmer No. 4236

P. O. Address St. River, 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.