

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28444

State File No. ....

FILED AUG 24 1953

BIRTH NO. _____		REG. DIST. NO. <u>141</u>		PRIMARY REG. DIST. NO. <u>3025</u>		Registrar's No. <u>17</u>		
1. PLACE OF DEATH a. COUNTY <u>Haverhill</u>				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Haverhill</u>				
b. CITY OR TOWN <u>Haverhill</u>		c. LENGTH OF STAY (in this place) <u>2 weeks</u>		c. CITY OR TOWN <u>Haverhill</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Elishea</u> b. (Middle) <u>X</u> c. (Last) <u>Warren</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8-6-53</u>					
5. SEX <u>m</u>		6. COLOR OR RACE <u>w</u>		7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) <u>m</u>		8. DATE OF BIRTH <u>4-1-1878</u>		
9. AGE (In years last birthday) <u>75</u>		10. MONTHS <u>4</u>		11. DAYS <u>3</u>		12. IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done in most of working life, even if retired) <u>farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Osage Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Linkey Warren</u>			13b. MOTHER'S MAIDEN NAME <u>unt</u>		14. NAME OF HUSBAND OR WIFE <u>George Warren</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>Yes</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Blonde Warren, Eliza M</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, asthenia, etc. It means the disease, injury, or complication which caused death.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Hypertension, essential</u>  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. _____		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>				
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) _____		21f. HOW DID INJURY OCCUR? <u>331X</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>8-2</u> , 19 <u>53</u> , to <u>8-6</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>8-2</u> , 19 <u>53</u> , and that death occurred at <u>1:45 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Jack N. Upham M.D.</u>			23b. ADDRESS <u>West Plains Mo.</u>			23c. DATE SIGNED <u>8-17-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <u>8-17-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Local</u>		24d. LOCATION (City, town, or county) (State) <u>Osage Mo.</u>		
DATE REC'D BY LOCAL REG <u>8-21-53</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robertson West Plains Mo.</u>				

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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*J. D. Roberts*

Licensed Embalmer No. 3438

P. O. Address West Ham

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.