

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31585

State File No. \_\_\_\_\_

LED OCT 14 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 141

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

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Grundy</u>	
b. CITY OR TOWN <u>Trenton</u>		c. CITY OR TOWN <u>Trenton</u>	
c. LENGTH OF STAY (In this place) <u>6 Months.</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Susans Nursing Home.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Sammie</u> b. (Middle) <u>Hardin</u> c. (Last) <u>Warren</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 1 1953</u>		
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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>Feb 21 1875</u>		9. AGE (In years last birthday) <u>78</u> If under 1 year: Months <u>7</u> Days <u>20</u> If under 1 mo. Hours _____ Min. _____	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Howard County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>Sam Hardin</u>		13b. MOTHER'S MAIDEN NAME <u>Bettie Wilson</u>		14. NAME OF HUSBAND OR WIFE <u>Andrew Warren</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>J.M. Robertson</u> ADDRESS <u>Laredo Mo</u>	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		DUE TO (b) <u>Generalized Arteriosclerosis, slow</u>				<u>2 days</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc.—It means the disease, injury, or complication which caused death.		DUE TO (c) _____				<u>years</u>	
II. OTHER SIGNIFICANT CONDITIONS: <u>mitral Regurgitation with Auricular fibrillation</u>		Conditions contributing to the death but not related to the disease or condition causing death.				<u>years</u>	

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) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>331 X</u>	
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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? _____	
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22. I hereby certify that I attended the deceased from June 1950, to Oct 1 1953, that I last saw the deceased alive on Sept 29, 1953, and that death occurred at 1:00 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>C. L. Clark M.D.</u>		23b. ADDRESS <u>Trenton, Mo.</u>		23c. DATE SIGNED <u>10-2-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/3/1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Stucker Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Laredo Mo</u>	
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DATE REC'D BY LOCAL REG. <u>10-3-53</u>		REGISTRAR'S SIGNATURE <u>Jenna</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E.J. Robertson Funerals Home Laredo Mo</u>	
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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. M. Wherton*

Licensed Embalmer No. *4388*

P. O. Address *Laredo 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.