FILED OCT 13 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32799

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6074 Registrar's No. 339

1. PLACE OF DEATH
a. COUNTY: St. Francois
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Leadwood
c. LENGTH OF STAY (in this place): 40 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Leadwood

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Francois
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Leadwood 0940
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): Roy
b. (Middle): Benjamin
c. (Last): Warren

4. DATE OF DEATH (Month) (Day) (Year): Oct. 5, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Dec. 8, 1893
9. AGE (In years last birthday): 59 — If under 1 year: Months 9, Days 27 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (State or foreign country): Washington County, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: J. W. Warren
13b. MOTHER'S MAIDEN NAME: Amanda Jones
14. NAME OF HUSBAND OR WIFE: Leona Warren
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ----------
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Dorthy Seabourne — **ADDRESS**: Leadwood, 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) Chronic Bronchitis — 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
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 1951, 19__, *to* Sept 9, 1953, *that I last saw the deceased alive on* Sept 9, 1953, *and that death occurred at* 10:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.D.
23b. ADDRESS: 228 E. Columbia, Farmington
23c. DATE SIGNED: 10-6-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 7, 1953
24c. NAME OF CEMETERY OR CREMATORY: Leadwood Cemetery
24d. LOCATION (City, town, or county) (State): Leadwood, Missouri

DATE REC'D BY LOCAL REG.: Oct. 6, 1953
REGISTRAR'S SIGNATURE: Esther Rudloff
25. FUNERAL DIRECTOR'S SIGNATURE — **ADDRESS**: Burt L. Boyer, Leadwood, Mo.

(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 William E. Boyer

Licensed Embalmer No. 4730

P. O. Address Leadwood, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.