

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36770

State File No. ....

FILED NOV 9-1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 5926 Registrar's No. 326

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

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Sedalia Flat Creek</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>	
c. LENGTH OF STAY (in this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>Rural # 1 Flat Creek Camp</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route # 1</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u>	b. (Middle) <u>J.</u>	c. (Last) <u>WARREN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>October 28, 1953</u>
--	-----------------------	-------------------------	--

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 28, 1873</u>	9. AGE (In years: last birthday) <u>80</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 HRS. Hours	IF UNDER 15 MIN. Min.
-----------------	---------------------------	---	--	--	---------------------------	--------------------------	--------------------------	--------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>General Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Pettis County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	--	---	---

13a. FATHER'S NAME <u>John J. Warren</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Ann Keele</u>	14. NAME OF HUSBAND OR WIFE <u>Hazel M. Warren</u>
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. B. A. Beymer</u>	ADDRESS <u>Sedalia, 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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MYO CARDITIS</u>		
	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. <u>BRONCHIAL ASTHMA, SENILITY</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>4222</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 \_\_\_\_\_, 1949, to DEATH, 19\_\_\_\_, that I last saw the deceased alive on SEPT 25, 1953 and that death occurred at 7:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Karl D. Jones MD</u>	(Degree or title) _____	23b. ADDRESS <u>Sedalia Mo</u>	23c. DATE SIGNED <u>31 Oct 53</u>
--	-------------------------	--------------------------------	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>30 Oct 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Sedalia, Mo</u>
---	------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>10/31/1953</u>	REGISTRAR'S SIGNATURE <u>R. J. Campbell MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D. W. Schartz</u>	ADDRESS <u>Sedalia, Mo</u>
--	--	---	----------------------------

(Licensed Embalmer's Statement on Reverse Side)

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 Russell C. Maag

Licensed Embalmer No. 4809

P. O. Address Sedalia, 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.