

FILED MAY 6 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12270**
1707

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. _____

| | | | |
|--|---|---|---|
| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Mo b. COUNTY Jackson | |
| b. CITY OR TOWN Kansas City | c. LENGTH OF STAY (in this place) 10 years | c. CITY OR TOWN Kansas City | d. Residence within limits of city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Sherman Hotel | | e. STREET ADDRESS (If rural, give location) 13 Sherman Hotel 3130 | |

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|---|-------------------------------|---|--|--|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) Leo b. (Middle) H. c. (Last) Warren | | | 4. DATE OF DEATH (Month) (Day) (Year) 4-13-54 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced | 8. DATE OF BIRTH 11-30-1895 | 9. AGE (In years last birthday) 58 | 10. UNDER 1 YEAR: Months _____ Days _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor | | 10b. KIND OF BUSINESS OR INDUSTRY KC Public Library | | 11. BIRTHPLACE (City and State or Foreign Country) KC Kans | |
| 12. CITIZEN OF WHAT COUNTRY? U.S. | | 13a. FATHER'S NAME _____ | | 13b. MOTHER'S MAIDEN NAME _____ | |
| 14. NAME OF HUSBAND OR WIFE _____ | | | | | |

| | | | | | |
|--|--|--|--|--|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) World War | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME Army Discharge | |
| 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) Erysipela | | ANTECEDENT CAUSES | | | |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | |
| DUE TO (b) Lobar Pneumonia | | 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 <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |

| | | | | | |
|---|--|--|---------------------------------------|---|---------------------------------|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) Natural | | 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE Hugh H. Owens (Degree or title) | | | 23b. ADDRESS 1034 Peabody Bldg | | 23c. DATE SIGNED 4-14-54 |

| | | | | | |
|---|--|---|--|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | | 24b. DATE 4-21-54 | | 24c. NAME OF CEMETERY OR CREMATORY Natl Cem Ft Larnoch Kans | |
| 24d. LOCATION (City, town, or county) (State) _____ | | DATE REC'D BY LOCAL REG. 4-15-54 | | REGISTRAR'S SIGNATURE Heraldine Smith | |
| 25. FEDERAL DIRECTOR'S SIGNATURE Delbert J. Tolleson | | ADDRESS K.C. Mo | | | |

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

FEB 21 1963

JUL 23 1963

AUG 11 1963

JAN 14 1963

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.....
Signature of Student Embalmer

Signed.....
[Handwritten Signature]

Licensed Embalmer No. 47

P. O. Address.....
[Handwritten Address]

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.