

FILED JUL 6 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18075

State File No. _____ Registrar's No. 672

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Washington Township	
c. LENGTH OF STAY (in this place) 12 hrs		d. STREET ADDRESS (If rural, give location) Rt. 6, St. Joseph, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Osteopathic Hospt.			

3. NAME OF DECEASED (Type or Print)	a. (First) JAMES	b. (Middle) D.	c. (Last) WREN	4. DATE OF DEATH (Month) (Day) (Year) June 24, 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 7, 1890	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stock feeder	10b. KIND OF BUSINESS OR INDUSTRY Live Stock	11. BIRTHPLACE (State or foreign country) Clinton Co. Mo.	12. COUNTRY OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME James R. Wren	13b. MOTHER'S MAIDEN NAME Mary Parish	14. NAME OF HUSBAND OR WIFE Widowed
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 491-22-8087	17. INFORMANT'S SIGNATURE OR NAME Lena Wren	ADDRESS Gower, Mo.
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cardiac Failure</i>		INTERVAL BETWEEN ONSET AND DEATH 10-15 hrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Peritonitis</i>		18-24 hrs.
	DUE TO (c) <i>Ruptured appendix</i>		24 hrs.
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION 6-23-54	19b. MAJOR FINDINGS OF OPERATION Ruptured appendix - Peritonitis	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) 5501
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 6-23-1954, to 6-24-1954, that I last saw the deceased alive on 6-24-1954, and that death occurred at 4:15am., from the causes and on the date stated above.

23a. SIGNATURE <i>W. R. Harris</i>	(Degree or title) D.O.	23b. ADDRESS 103 W. Mo. Ave. St. Joseph, Mo.	23c. DATE SIGNED 6-24-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 25, 1954	24c. NAME OF CEMETERY OR CREMATORY Gower Cemetery	24d. LOCATION (City, town, or county) (State) Gower, Mo.
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DATE REC'D BY LOCAL REG. June 28, 1954	REGISTRAR'S SIGNATURE <i>Kathleen M. Allison</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Clark & Clark</i>	ADDRESS Clark Funeral Home St. Joseph, Mo.
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(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 *Emma Clark*.....

Licensed Embalmer No. 4238.....

P. O. Address St. Joseph, 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.