

FILED AUG 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27995

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 313

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission). a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN		c. CITY OR TOWN JOPLIN	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 11 DAYS		e. STREET ADDRESS (If rural, give location) 1902 PICHER AVE.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2302 PENNSYLVANIA AVE.			

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) _____ c. (Last) WARDEN			4. DATE OF DEATH (Month) (Day) (Year) JULY 30, 1954		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JULY 23, 1877	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) R.R. ENGINEER		10b. KIND OF BUSINESS OR INDUSTRY MO. PAC. R.R.	11. BIRTHPLACE (City and State or Foreign Country) HOLDEN, MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME ROBERT WARDEN		13b. MOTHER'S MAIDEN NAME JANEY CLAUNCH		14. NAME OF HUSBAND OR WIFE MINNIE S. WARDEN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) UNK		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MINNIE S. WARDEN, 1902 PICHER AVE.	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Septicemic Cardiovascular Disease		INTERVAL BETWEEN ONSET AND DEATH Year: _____ Month: _____ Day: _____
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis Generalized		
	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 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) 443 X
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 **7-21**, 19**54**, to **7-30**, 19**54**, that I last saw the deceased alive on **7-29**, 19**54**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	23b. ADDRESS <i>[Address]</i>	23c. DATE SIGNED 8-2-54
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 8-2-54	24c. NAME OF CEMETERY OR CREMATORY NEWTON CEMETERY
		24d. LOCATION (City, town, or county) (State) NEVADA, MISSOURI

DATE REC'D BY LOCAL REG. Aug 3-54	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.
--	--	--

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 1

RECEIVED AUG 13 195
Jasper County Health Office
County File Number 54-8-673
Date Filed AUG 13 195

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 *F. M. Jones*.....
Licensed Embalmer No. 239

P. O. Address *Joplin*

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.