

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28071**

FILED AUG 30 1954

REG. DIST. NO. 166 PRIMARY REG. DIST. NO. 4254 Registrar's No. 14

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

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY OR TOWN <u>Knobnoster,</u>		c. CITY OR TOWN <u>Knobnoster,</u>	
c. LENGTH OF STAY (in this place) <u>4 years</u>		d. STREET ADDRESS (If rural, give location) <u>Knobnoster,</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence, Knobnoster, Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNA</u>		b. (Middle) <u>ELSIE</u>	
		c. (Last) <u>MARXEN</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>August 16th, 1954</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Oct. 24, 1888</u>
9. AGE (In years last birthday) <u>65</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Jones County, Iowa</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Tobias Rteken,</u>		13b. MOTHER'S MAIDEN NAME <u>Helen Brokens,</u>	
14. NAME OF HUSBAND OR WIFE <u>Julius H. Warren</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Roy Moore, Knobnoster, Missouri</u>		ADDRESS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Rectum</u>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) <u>and sigmoid colon</u>			
19a. DATE OF OPERATION <u>tion</u>		19b. MAJOR FINDINGS OF OPERATION <u>✓</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>✓</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Knobnoster Johnson, Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>✓</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR <u>✓</u>			
22. I hereby certify that I attended the deceased from <u>July 1, 1954</u> , to <u>8-16-</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>8-16-</u> , 19 <u>54</u> , and that death occurred at <u>11:00 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>H. W. Gray</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Knobnoster, Missouri</u>	
23c. DATE SIGNED <u>8-17-1954</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-18-1954</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill Cemetery,</u>		24d. LOCATION (City, town, or county) (State) <u>Warrensburg, Missouri.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>R. A. Brautinger,</u>		ADDRESS <u>Warrensburg, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Aug 20/54</u>		REGISTRAR'S SIGNATURE <u>Euna L. Beatty</u> <u>149</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
AUG 23 1954
JOHNSON COUNTY HEALTH DEPT.

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 RA Branninger

Licensed Embalmer No. 3377

P. O. Address Warrensburg, 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.