

FILED MAY 23 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 15114  
Registrar's No. 520

BIRTH NO.		REG. DIST. NO. 113		PRIMARY REG. DIST. NO. 5431		Registrar's No. 520			
1. PLACE OF DEATH a. COUNTY <b>Franklin</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Franklin</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-Prairie</b>		c. LENGTH OF STAY (In this place) <b>5 yrs</b>		c. CITY OR TOWN <b>Lonedell</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Highway 47</b>				e. STREET ADDRESS (If rural, give location) <b>Highway 47, Prairie Twp</b>					
3. NAME OF DECEASED (Type or Print) <b>Orlin</b>		a. (First) <b>L.</b>		b. (Middle) <b>WARREN</b>		c. (Last) <b>WARREN</b>			
4. DATE OF DEATH <b>Apr. 29, 1955</b>		5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>			
8. DATE OF BIRTH <b>Aug. 29, 1891</b>		9. AGE (In years last birthday) <b>63</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Sedalia, Mo.</b>			
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Joseph Warren</b>		13b. MOTHER'S MAIDEN NAME <b>Laura--</b>		14. NAME OF HUSBAND OR WIFE <b>Frieda Warren</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>114-10 8699</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Frieda Warren</b>		ADDRESS <b>Lonedell, Mo</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary thrombosis</b>  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.  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) <b>Natural</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Farm</b>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <b>St. Clair Franklin Mo</b>		21d. HOW DID INJURY OCCUR? <b>Dropped dead while burning brush</b>			
21e. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Apr 29 1955</b>		21f. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <b>Ernest L. Ottmann</b>		(Degree or title) <b>Coroner</b>		23b. ADDRESS <b>Lonedell, Mo.</b>		23c. DATE SIGNED <b>Apr 29 1955</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>May 2, 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Hope</b>		24d. LOCATION (City, town, or county) (State) <b>Lonedell, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>5-2-55</b>		REGISTRAR'S SIGNATURE <b>Floyd Williams</b>		511-25. FUNERAL DIRECTOR'S SIGNATURE <b>St. Clair, Mo</b>		ADDRESS <b>St. Clair, Mo</b>			

DEC 7 1955  
MAR 2 1955

JUN 7 1955

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 *H. M. L...*

Licensed Embalmer No. *366*

P. O. Address *St. Louis,*

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.