

FILED SEP 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26557

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 3597			
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) 7 yrs		c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION 932 1/2 Main St				STREET ADDRESS (If rural, give location) 12 932 1/2 Main St 312 1/2					
3. NAME OF DECEASED (Type or Print) George H. Warren			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH 8-11-55		(Month)		(Day)		(Year)			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 6-9-1884			
9. AGE (in years last birthday) 70		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Worker			10b. KIND OF BUSINESS OR INDUSTRY —			11. BIRTHPLACE (City and State or Foreign Country) St John Kansas			
12. COUNTRY OF WHAT COUNTRY? USA			13a. FATHER'S NAME James B Warren		13b. MOTHER'S MAIDEN NAME Sarah Caldwell		14. NAME OF HUSBAND OR WIFE Mable Warren		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None			16. SOCIAL SECURITY NO. 513-10-8924		17. INFORMANT'S SIGNATURE OR NAME Jackson County Workers KC Mo			ADDRESS	
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) Arteriosclerotic Heart Disease				ANTECEDENT CAUSES				DUE TO (b) _____	
*This does not mean the mode of dying, such as heart failure, asthenia, 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 (c) _____	
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death. Patient at Leeds for TB				H200	
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) 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) m.		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) 3					23b. ADDRESS 1034 Rialto Bldg			23c. DATE SIGNED 8-12-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-16-1955		24c. NAME OF CEMETERY OR CREMATORY Mt Calvary		24d. LOCATION (City, town or county) Kansas City Kans.		(State) _____	
DATE REC'D BY LOCAL REG. 8-15-55		REGISTRAR'S SIGNATURE neva mitchell			25. FUNERAL DIRECTOR'S SIGNATURE Marianne Bras			ADDRESS KC Mo	

(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.....
Signature of Student Embalmer

Signed *Leonard E Parmentier*

Licensed Embalmer No. *453*

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