

FILED NOV 9 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **32526**BIRTH NO. **50477-55** REG. DIST. NO. **59** PRIMARY REG. DIST. NO. **4098** Registrar's No. **154**

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cass	
b. CITY (If outside corporate limits, write RURAL and give town) Belton		c. CITY OR TOWN	
c. LENGTH OF STAY (in this place) Minutes		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		STREET ADDRESS (If rural, give location) rural Raymore Township 0190	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) JANET	b. (Middle) LYNN	c. (Last) WARREN	(Month) 10	(Day) 30	(Year) 1955
5. SEX Fe.	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH 7-26-1955	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months 3 IF UNDER 1 YEAR Days 4 IF UNDER 24 HRS. Hours 4 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Leonard E. Warren	13b. MOTHER'S MAIDEN NAME Martha Reese	14. NAME OF HUSBAND OR WIFE
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. None	17. INFORMANT'S SIGNATURE OR NAME L. E. Warren ADDRESS Belton, Mo.

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		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Virus infection		1 day
	DUE TO (c) 492X		1 day
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Congenital lack of normal development. Found dead in bed			

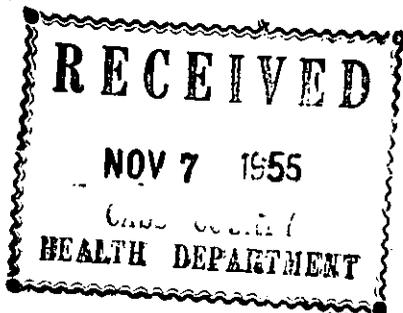
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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 **10/30**, 19**55**, that I last saw the deceased alive on _____, 19____, and that death occurred at **1 A** m., from the causes and on the date stated above.

23a. SIGNATURE Edward Janda (Cronin)	(Degree or title) Dr.	23b. ADDRESS Plus at Hill, Mo.	23c. DATE SIGNED 10/30/55
24a. BURIAL CREMATION, REMOVAL (Specify) Removal	24b. DATE 10-30-1955	24c. NAME OF CEMETERY OR CREMATORY Cross Timbers Cem	24d. LOCATION (City, town, or county) (State) Hickory Co., Missouri
DATE REC'D BY LOCAL REG. Oct 30, 1955	REGISTRAR'S SIGNATURE Dora Barwood	25. FUNERAL DIRECTOR'S SIGNATURE Richard E. George	ADDRESS Belton, 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 *Richard E. George*

Licensed Embalmer No. *391*

P. O. Address *Bella*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.