

FILED MAR 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **10108**BIRTH NO. **78930-55** REG. DIST. NO. **275** PRIMARY REG. DIST. NO. **3053** Registrar's No. **44**

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, write RURAL and give town) Rolla		c. CITY OR TOWN Rural Rolla	
c. LENGTH OF STAY (in this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Phelps Co., Memorial Hospital		STREET ADDRESS (If rural, give location) Route No. 3 Newburg, Mo.	
3. NAME OF DECEASED (Type or Print) a. (First) DALE		b. (Middle) GENE	
c. (Last) WARREN		4. DATE OF DEATH (Month) (Day) (Year) Mar. 10, 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) xx	8. DATE OF BIRTH Nov. 21, 1955
9. AGE (In years last birthday) 3	IF UNDER 1 YEAR Months 19	IF UNDER 24 HRS. Days 19	Hours 19 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child	10b. KIND OF BUSINESS OR INDUSTRY xx	11. BIRTHPLACE (City and State or Foreign Country) Rolla, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Bruce Warren	13b. MOTHER'S MAIDEN NAME Alice Birdsong	14. NAME OF HUSBAND OR WIFE xx	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Bruce Warren Newburg Mo ADDRESS	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia fulminating		INTERVAL BETWEEN ONSET AND DEATH 4 hrs.
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 checked="" type="checkbox"/> NO <input 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) 491X		
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 **21 NOV, 1955** to **10 MAR, 1956**, that I last saw the deceased alive on **8:10 MAR, 1956**, and that death occurred at **8:10 Am.**, from the causes and on the date stated above.

23a. SIGNATURE R. V. Gjem (Degree or title) MD	23b. ADDRESS Rolla, Mo.	23c. DATE SIGNED 3-12-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar. 12, 1956	24c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Gardens
24d. LOCATION (City, town, or county) (State) Rolla, Missouri	25. FUNERAL DIRECTOR'S SIGNATURE Null & Sons Funeral Home ADDRESS Rolla Mo.	
DATE REC'D BY LOCAL REG. Mar. 13, 1956	REGISTRAR'S SIGNATURE Nadine L. Stoeck	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

Phelps County Health Officer,

County File Number 358

Date Filed MAR 21 1958

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..... *Paul E. Ne...*

Licensed Embalmer No... 44

P. O. Address... *Rolla,*

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.