

FILED FEB 4 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3164 STATE FILE NUMBER.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 477

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jefferson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN Pevely	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Baptist Hos.		d. STREET ADDRESS (If outside, give location) Box 103, Rt. 1.	
3. NAME OF DECEASED (Type or print) First Middle Last Barry William Warren		4. DATE OF DEATH Month Day Year 1-16-57	
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12-20-46
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) student		10b. KIND OF BUSINESS OR INDUSTRY school	11. BIRTHPLACE (City and state or country) St. Louis, Mo.
13. FATHER'S NAME Robert Warren		14. MOTHER'S MAIDEN NAME Mabel Hazen	
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 Address Robert Warren, Pevely, Mo.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Meningitis; Conditions, if any, which give rise to above cause (a), stating the underlying cause last. } DUE TO (b) Following injuries suffered when struck by ball on November 30th 1956 and later struck with bat on or about December 1st 1956 while playing in school yard at Pevely, Missouri. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II, item 18.) School yard at Pevely, Missouri		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. 29 56	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) School yard		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION 46 COUNTY Pevely Missouri STATE		
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 1000 A. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Dr. or Nurse or other person) James M Kelly Deputy		22b. ADDRESS 1300 Clark	
22c. DATE SIGNED 1-16-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 1-17-57	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State) Rolla, Mo.
24. FUNERAL DIRECTOR Rowland-Aker, 4104 Manchester		25. DATE RECD. BY LOCAL REG. JAN 16 '57	26. REGISTRAR'S SIGNATURE J. Carl Smith M.D.

(Licensed Embalmer's Statement on Reverse Side)

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Coroner cannot certify to a death due to natural causes. Diseases in Part I must be casually related.

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 *V. E. Morris*

Licensed Embalmer No. *35*

P. O. Address *St Louis*

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.