

FILED MAR 28 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 7526

Registration District No. 11 Primary Registration District No. 5040 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY Barry			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barry		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Exeter Township			c. CITY OR TOWN Exeter 00500		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1			d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First EVA Middle WARREN Last WARREN			4. DATE OF DEATH Month 3 Day 15 Year 1957		
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 24, 1861 95		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY home	11. BIRTHPLACE (City and state or country) Barry County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Sidney Antle			14. MOTHER'S MAIDEN NAME Margaret Price		
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. no	17. INFORMANT Address Joe Warren Exeter, Missouri		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral vascular accident Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis DUE TO (c) Arteriosclerotic gangrene 3 rd. foot PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 331X					INTERVAL BETWEEN ONSET AND DEATH sudden death 10 yrs.
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour p. m. Month Day, Year					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 1942 to July 1957 and last saw her him alive on 2-22-57 Death occurred at 4 P. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Mary Newman M.D.			22b. ADDRESS Cassville, Mo.		22c. DATE SIGNED 3-21-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3-17-1957	23c. NAME OF CEMETERY OR CREMATORY Kings Cemetery		23d. LOCATION (City, town, or county) (State) Barry County, Missouri
24. FUNERAL DIRECTOR ADDRESS Culver's Cassville, Mo.		25. DATE RECD. BY LOCAL REG. 3-23-'57		26. REGISTRAR'S SIGNATURE Grace Williams	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Diseases in Part I must be casually related. Coroner need not certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature for diseases in Part I.

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 357-50

DATE REC. 3-25-57

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 Margaret C. Hennessy

Licensed Embalmer No. 43

P. O. Address Cassville

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.