

UNIVERSITY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 4 4 8 3 8

FILED VS. DEC. 17 1959

Registration District No. 241 Primary Registration District No. 4360 Registrar's No. 30

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY NEW MADRID		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY NEW MADRID	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN PORTAGEVILLE	Length of stay in 1b 15 Yrs.	c. CITY OR TOWN PORTAGEVILLE	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 205 W. 6TH ST.	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 205 W. 6TH ST.	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First JOHN Middle WARREN Last WARREN			4. DATE OF DEATH Month 12 Day 8 Year 59			
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-24-1890	9. AGE (last birthday) 69	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) TENN.	12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME J. J. WARREN		13b. MOTHER'S MAIDEN NAME NANCY BREWER		14. NAME OF HUSBAND OR WIFE LENA WARREN		
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. <input checked="" type="checkbox"/>	17. INFORMANT Address LAWRENCE WARREN PORTAGEVILLE, 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) **Cardiac arrest**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. **Degenerative cardiovascular disease 3 yrs.**

DUE TO (b) **Degenerative cardiovascular disease 3 yrs.**

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour _____ a.m. _____ p.m. Month, Day, Year _____

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

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 **Sept 55** to **7 Dec 59** and last saw **her** alive on **7 Dec 59**. Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE **R. J. Smith** (Degree) **M.D.** ADDRESS **Portageville, Mo.** DATE SIGNED **9 Dec 59**

23a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL**

23b. DATE **12-10-59**

23c. NAME OF CEMETERY OR CREMATORY **PORTAGEVILLE CEMETERY**

23d. LOCATION (City, town, or county) (State) **PORTAGEVILLE, MO.**

24. FUNERAL DIRECTOR ADDRESS **OSBURN FUNERAL HOME, WARDELL, MO.**

25. DATE RECD. BY LOCAL REG. **12-10-59**

26. REGISTRAR'S SIGNATURE **Ellen D. Millem**

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James G. Paburn

Licensed Embalmer No. 4185

P. O. Address Wardell, Va

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