

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-014997

FILED VS MAY 5 1960

132

Primary Registration District No. 3021

Registrar's No. 82

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Grundy		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Grundy	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Trenton		c. CITY OR TOWN Laredo	
Length of stay in 1b 2 Weeks		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION East Crowder Rest Home 107 E Crowder Rd.		d. STREET ADDRESS (If outside, give location) ✓	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Columbus Middle e Last Warren			4. DATE OF DEATH Month April Day 28 Year 1960		
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Feb 9 1878	9. AGE (last birthday) 82	IF UNDER 1 YEAR Months 2 Days 19
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Cook		10b. KIND OF BUSINESS OR INDUSTRY Resturant	11. BIRTHPLACE (City and state or country) Grundy County Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Joseph M. Warren		13b. MOTHER'S MAIDEN NAME Laura Jane Tolson		14. NAME OF HUSBAND OR WIFE Polly A. 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. 495-09-6340		17. INFORMANT Thomas Noel Warren Kansas City, Mo	

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Esophageal thrombosis		INTERVAL BETWEEN ONSET AND DEATH 1 week
DUE TO (b) arterial sclerosis		
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <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 Jan 60 to Apr 28 60 and last saw him alive on Apr 27 60 Death occurred at 6:20 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE E. J. Robertson (Degree or title)		22b. ADDRESS Stucker Cemetery	22c. DATE SIGNED Apr 27 60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Apr 30 1960	23c. NAME OF CEMETERY OR CREMATORY Stucker Cemetery	23d. LOCATION (City, town, or county) (State) Laredo Missouri
24. FUNERAL DIRECTOR E. J. Robertson Funerals Home Laredo		25. DATE RECD. BY LOCAL REG. 5-3-60	26. REGISTRAR'S SIGNATURE Gene Jar

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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *J. Robertson*

Licensed Embalmer No. 4388
P. O. Address Larchmont, N.Y.

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