

REGISTRATION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-019683

FILED VS JUN 6 1960

149

Registration District No. 1002

Registrar's No. 2769

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>			2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Jackson</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Kansas City</i>		Length of stay in lb <i>25 yrs</i>	c. CITY OR TOWN <i>Kansas City</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>General Hosp #</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS <i>1619 Virginia</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <i>Diamond</i> Middle <i>Warren Jr.</i> Last <i>Warren Jr.</i>			4. DATE OF DEATH Month <i>5</i> Day <i>17</i> Year <i>60</i>			
5. SEX <i>male</i>	6. COLOR OR RACE <i>Negro</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>8/16 1926</i>	9. AGE (last birthday) <i>33 yrs.</i>	IF UNDER 1 YEAR Months <i>0</i> Days <i>0</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Truck Driver</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>Galatin, Mo.</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Diamond Warren Sr.</i>		13b. MOTHER'S MAIDEN NAME <i>Lena Williams</i>		14. NAME OF HUSBAND OR WIFE <i>Marcelete Warren</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>499-20-0220</i>	17. INFORMANT <i>Marcelete Warren</i> Address <i>1322 E. 14th St.</i>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Pontine hemorrhage</i>					INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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 checked="" type="checkbox"/> NO <input 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 _____ a.m. _____ p.m. _____	Month, Day, Year					
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 <i>11:25 AM 5-17-1960</i> to <i>11:50 5-17-1960</i> and last saw him <i>alive on 5-17-1960</i>	Death occurred at <i>11:50</i> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Hd Dwyer M.D.</i> (Degree or title)		22b. ADDRESS <i>2400 Perry City</i>		22c. DATE SIGNED <i>5/19/60</i>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>May 21, 1960</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Highland</i>	23d. LOCATION (City, town, or county) (State) <i>Kans. City, Missouri</i>			
24. FUNERAL DIRECTOR <i>Watkins Bros. Funeral Home 18th &amp; Denton</i>		25. DATE RECD. BY LOCAL REG. <i>5-20-60</i>	26. REGISTRAR'S SIGNATURE <i>neva munnahall</i>			

DOCUMENT

MEDICAL CERTIFICATION

L. Dwyer

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 Nicholas S Green

Licensed Embalmer No. 472

P. O. Address 18th & B

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.