

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
FILED VS JUL 11 1960

=60-022183

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 200 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Adair				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY Macon							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkville		Length of stay in 1b 1 wk.		c. CITY OR TOWN LaPlata		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Grim-Smith Hospital			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Route #2		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First Everett Middle McKinlev Last Warren				4. DATE OF DEATH Month July Day 3 Year 60							
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 7-20-96	9. AGE (last birthday) 63	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10b. KIND OF BUSINESS OR INDUSTRY Fur and Wool Co		11. BIRTHPLACE (City and state or country) New Boston Mo		12. CITIZEN OF WHAT COUNTRY U.S.A.				
13a. FATHER'S NAME James Franklin Warren			13b. MOTHER'S MAIDEN NAME Mary Godsey			14. NAME OF HUSBAND OR WIFE Minnie Warren					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War I			16. SOCIAL SECURITY NO. 711-12-6070		17. INFORMANT Address Minnie Warren LaPlata, 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) Dilatation of heart, acute, terminal, 10 min. DUE TO (b) Myocarditis chronic. - DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								INTERVAL BETWEEN ONSET AND DEATH ?			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ascending colon Adeno carcinoma of						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 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 July 1 1960 to July 3 1960 and last saw him alive on July 3, 1960 Death occurred at 4 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE [Signature]					22b. ADDRESS Kirkville, Mo			22c. DATE SIGNED 7/3/60			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE July 6-60	23c. NAME OF CEMETERY OR CREMATORY LaPlata Cemetery			23d. LOCATION (City, town, or county) LaPlata Mo.					
24. FUNERAL DIRECTOR Ralph E. Pollock, LaPlata, Mo					25. DATE RECD. BY LOCAL REG. 7-8-1960		26. REGISTRAR'S SIGNATURE Doris W. Ratliff				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 8 1960

J. J. Wimp. M.D.

SEP 7 1960

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 J. J. Wimp

Licensed Embalmer No. 2052

P. O. Address Speth Gy

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.