

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-023611

FILED VS JUN 22 1960

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 101

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Webb City		Length of stay in 1b 2 hrs.	c. CITY OR TOWN Cartersville Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jane Chinn Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 208 W. Main St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Elmer Middle Otto Last Warren			4. DATE OF DEATH Month June Day 10 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 7-10-1901	9. AGE (last birthday) 59	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer & Used Furniture dealer		10b. KIND OF BUSINESS OR INDUSTRY Texas Co. Mo.		11. BIRTHPLACE (City and state or country) USA		12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Sherman Warren		13b. MOTHER'S MAIDEN NAME Cassidy		14. NAME OF HUSBAND OR WIFE Nona 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. 500-05-7064		17. INFORMANT Nona Warren ^{address} 208 W. Main St. Cartersville, 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) 1. Coronary Occlusion			INTERVAL BETWEEN ONSET AND DEATH fatal less than 1 hr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Acute Abdominal Distention		
	DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Prognosed lead in emergency room June 10, 1960 - death 10:00 PM		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	
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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 <input type="checkbox"/> 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 _____ to _____ and last saw her/him alive on _____
Death occurred at **3:00P** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Walter S. Jones, Coroner Jasper County, Med Arts Bldg, Jasper Mo.		22b. ADDRESS	22c. DATE SIGNED 6-13-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-13-60	23c. NAME OF CEMETERY OR CREMATORY Cartersville Cemetery	23d. LOCATION (City, town, or county) (State) Cartersville, Mo.

24. FUNERAL DIRECTOR Johnston-Simpson Mortuary Webb City, Mo.		25. DATE RECD. BY LOCAL REG. 6-13-60	26. REGISTRAR'S SIGNATURE Miss. Madeline Switzer
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DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

JUN 22 1961

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 Jack C. Simpson

Licensed Embalmer No. 4647

P. O. Address Webb City

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.