

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-032586

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

REGISTERED DISTRICT SEP 26 1961 Primary Registration District No. 2000 Registrar's No. 887

STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <i>Greene</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Greene</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Springfield</i>		Length of stay in 1b <i>7 days</i>	c. CITY OR TOWN <i>Walnut Grove</i>
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>Burge Protestant Hosp.</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>Walnut Grove - Mo.</i>
3. NAME OF DECEASED (Type or print) First <i>ALBERT</i> Middle <i>WARREN</i> Last <i>WARREN</i>		4. DATE OF DEATH Month <i>SEPT</i> Day <i>17</i> Year <i>1961</i>	
5. SEX <i>MALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>5-6-1871</i>
9. AGE (last birthday) <i>90</i>		IF UNDER 1 YEAR Months <i>0</i> Days <i>0</i> Hours <i>0</i> Min. <i>0</i>	IF UNDER 24 HR Hours <i>0</i> Min. <i>0</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>retired farmer and Railroad employee</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Walnut Grove - Mo.</i>	11. BIRTHPLACE (City and state or country) <i>U.S.A.</i>
12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>		13a. FATHER'S NAME <i>William Warren</i>	
13b. MOTHER'S MAIDEN NAME <i>unknown</i>		14. NAME OF HUSBAND OR WIFE <i>Ruth Ann 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>none</i>	17. INFORMANT <i>Winnie Retifed - Walnut Grove - Mo.</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>Acute Myocardial Infarction</i>		INTERVAL BETWEEN ONSET AND DEATH <i>8-10 days</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Coronary Artery Occlusion</i>		" " "	
DUE TO (c) <i>Arteriosclerotic Heart Disease</i>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Diabetes Mellitus</i>		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 <i>1:45</i> a.m. p.m. <i>a.m.</i> Month, Day, Year <i>9/16/61</i>		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 <i>Springfield, Mo.</i> COUNTY <i>Greene</i> STATE <i>MO.</i>	
21. I attended the deceased from <i>9/16/61</i> to <i>9/17/61</i> and last saw her alive on <i>9/16/61</i>		Death occurred at <i>1:45 a.m.</i> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Dee fee or title) <i>Harold H. Lurie, M.D.</i>		22b. ADDRESS <i>600 S. Glenstone Springfield, Mo.</i>	22c. DATE SIGNED <i>9/18/61</i>
23a. BURIAL, CREMATION, REMOVAL, (Specify) <i>Burial</i>	23b. DATE <i>9-19-61</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Greenlawn Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Walnut Grove - Mo.</i>
24. FUNERAL DIRECTOR <i>Bruce - Daniel - Walnut Grove - Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>9-21-61</i>	26. REGISTRAR'S SIGNATURE <i>Effie S. Melton</i>

**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 Donavon P. Lakin, Student Embalmer No. 627

working under my personal supervision.

Student Donavon P. Lakin  
Signature of Student Embalmer

Signed Raymond L. Samuel

Licensed Embalmer No. 4702

P. O. Address Oak Grove

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.