MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-016074
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0670
2 0670 2
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4 3
5 0
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9 493X
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12 70-0
13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

BY AFFIDAVIT OF DOCUMENT

Registration District No. 217 Primary Registration District No. 4329 Registrar's No. 42

FILED MAY 15 1962

1. PLACE OF DEATH
a. COUNTY: Mississippi
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Wyatt — Length of stay in Ib: 25 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Gen. Del. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Mississippi
c. CITY OR TOWN: Wyatt — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): Gen. Del. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Annie Middle: Last: Warren
4. DATE OF DEATH: Month Day Year: May 1, 1962
5. SEX: Female
6. COLOR OR RACE: Col:
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 11/30/1894
9. AGE (last birthday): 67 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Fayette, Miss.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Si Coleman
13b. MOTHER'S MAIDEN NAME: Rosie Johnson
14. NAME OF HUSBAND OR WIFE: Early Warren
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Johnnie Coleman, Address: 617 Kimes, Charleston, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Pneumonia (Undifferentiated) — INTERVAL BETWEEN ONSET AND DEATH: 3 days
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 Apr 27 1962, to May 1 1962 and last saw her/him alive on May 1 1962
Death occurred at 10:00 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: John L. Sample M.D. (Degree or title)
22b. ADDRESS: Charleston, Mo.
22c. DATE SIGNED: 5/4/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: May 6, 1962.
23c. NAME OF CEMETERY OR CREMATORY: Oak Grove Cemetery
23d. LOCATION (City, town, or county) (State): Charleston, Mo.

24. FUNERAL DIRECTOR: L R Sparks — ADDRESS: Charleston, Mo.
25. DATE RECD. BY LOCAL REG.: 5-6-62
26. REGISTRAR'S SIGNATURE: Dorothy B. Hathorn

(Licensed Embalmer's Statement on Reverse Side)

Permit issued
5-6-62

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 James A. Carter

Licensed Embalmer No. 4671

P. O. Address C'Ville Mo

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.