

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

43-62-021749
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 366 Primary Registration District No. _____ Registrar's No. _____

FILED MAY 16 1962

VS 300	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT
Rev. 4/59				
1 <u>1100</u>				
2 <u>1100</u>				
3 <u>1</u>				
4 <u>0</u>				
5 <u>2</u>				
6				
7 <u>1</u>				
8 <u>0</u>				
<u>94201</u>				
10				
11				
12 <u>90-2</u>				
13 <u>1-0</u>				
	ITEM NO.	SHOULD READ	BY AFFIDAVIT OF	

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Washington		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Wash.	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Belgrade		Length of stay in 1b 6 months	c. CITY OR TOWN Belgrade
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4 miles E of Belgrade		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) P.O. Box 37
3. NAME OF DECEASED (Type or print) First Elbert Middle L. Last Warren			4. DATE OF DEATH Month May Day 10 Year 1962
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-17-1879
9. AGE (last birthday) 83		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) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) State of Tenn.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME James Kelly Warren	
13b. MOTHER'S MAIDEN NAME Molly (unknown)		14. NAME OF HUSBAND OR WIFE _____	
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. none	17. INFORMANT Lona Lowrance P.O. Box 37 Belgrade, 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) Acute Circulatory Failure DUE TO (b) Coronary Thrombosis with Myocardial Infarction DUE TO (c) Arteriosclerosis 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) _____			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 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 _____ Month _____ Day _____ Year _____ a.m. _____ p.m.			
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 4/19/62 to 5/7/62 and last saw him alive on 4/10/62 . Death occurred at 10:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Sam M. Green DO		22b. ADDRESS 211 a. E. High St. Potosi, Mo.	22c. DATE SIGNED 5/12/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-12-1962	23c. NAME OF CEMETERY OR CREMATORY Cross-road	23d. LOCATION (City, town, or county) (State) Farmington Route, Missouri
24. FUNERAL DIRECTOR Donald Sparks Potosi, Missouri		25. DATE RECD. BY LOCAL REG. 5/12/62	26. REGISTRAR'S SIGNATURE Albert Kridall

MAY 18 1962

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 Ronald Sparks

Licensed Embalmer No. 4819

P. O. Address Potosi, Missouri

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.