

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-029902

STATE FILE NUMBER

Registration District No. 4 Primary Registration District No. _____ Registrar's No. 78

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1030
2030

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Atchison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Atchison</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rock. port mo</u>		Length of stay in 1b	c. CITY OR TOWN <u>Rock. port mo</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Hall</u> Middle <u>William</u> Last <u>Warren</u>			4. DATE OF DEATH Month <u>aug</u> Day <u>30</u> Year <u>1962</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov. 6 - 1896</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <u>65</u> UNDER 1 YEAR IF UNDER 24 HR Months <u>9</u> Days <u>24</u> Hours <u></u> Min. <u></u>
11. BIRTHPLACE (City and state or country) <u>Tower mo</u>		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME <u>absalom warren</u>		13b. MOTHER'S MAIDEN NAME <u>Nettie Bray</u>	14. NAME OF HUSBAND OR WIFE <u>Jwa Warren</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes World war I.</u>		16. SOCIAL SECURITY NO.	17. INFORMANT <u>Jwa Warren - Rock. port mo</u> Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary thrombosis</u> DUE TO (b) <u>Coronary Arterio sclerosis.</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>
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 _____ 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 <u>July 52</u> to <u>8-30-62</u> and last saw ^{her} <u>him</u> live on <u>8-30-62</u> Death occurred at <u>2:30 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Walter Carpenter mo</u> (Degree or title)		22b. ADDRESS <u>Rock Port mo</u>	22c. DATE SIGNED <u>8-30-62</u> (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>Sept 1 - 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Linden cemetery N. C. Rock. Port, mo</u>	
23d. LOCATION (City, town, or county)		23e. DATE RECD. BY LOCAL REG. <u>Sept 1, 1962</u>	
24. FUNERAL DIRECTOR <u>Antwan Funeral Home - Rock. port</u> ADDRESS		26. REGISTRAR'S SIGNATURE <u>Thasvin W. Schaefer</u>	

SEP 6 1962

SEP 11 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 *Ed. B. ...*

Licensed Embalmer No. 1764

P. O. Address Rock Port 2116

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.