

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-039348  
STATE OF MISSOURI

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 383 Primary Registration District No. 5655 Registrar's No. 170

FILED NOV 15 1962

VS 300	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT
Rev. 4/59				
1 0550				
2 0550,				
3				
4 0				
5 0				
6				
7 0				
8 2				
9 7954				
10				
11				
12 90-8				
13 5-0				
USE BLACK INK OR TYPEWRITER RIBBON	MEDICAL CERTIFICATION	BY AFFIDAVIT OF		

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>LAWRENCE</b>		a. STATE <b>MISSOURI</b> b. COUNTY <b>LAWRENCE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>MT. VERNON</b>		c. CITY OR TOWN <b>MT. VERNON</b>	
Length of stay in 1b <b>LIFE</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>RT. 1, MT. VERNON</b>		d. STREET ADDRESS (If outside, give location) <b>RT. 1</b>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First <b>EMMITT</b> Middle <b>WARREN</b> Last <b>WARREN</b>		Month <b>NOV.</b> Day <b>1</b> Year <b>62</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>JULY 4 1878</b>
9. AGE (last birthday) <b>84</b>		IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>	IF UNDER 24 HR Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARMING</b>	11. BIRTHPLACE (City and state or country) <b>LAWRENCE COUNTY U.S.A.</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>MARTIN WARREN</b>	
13b. MOTHER'S MAIDEN NAME <b>MARY MOORE</b>		14. NAME OF HUSBAND OR WIFE <b>NEVER MARRIED</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	
17. INFORMANT <b>Mrs. Jack Childress</b>		Address <b>1248 PERRIS SAN BERNADINO CALIF.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			
IMMEDIATE CAUSE (a) <b>Presumed to be natural Cause</b>			
Interval between onset and death <b>Unknown</b>			
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.	
		<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.) <b>Investigated by Edwin Wilks</b>	
20c. TIME OF INJURY Hour a.m. _____ Month, Day, Year _____	<b>Coroner of Lawrence County, Mo.</b>		
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 building, etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her alive on _____			
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Roy Santham Plw. Registrar</b>		22b. ADDRESS <b>MT VERNON Mo</b>	22c. DATE SIGNED <b>11-12-62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>NOV. 4, 1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>SUMMITT CEMETERY</b>	
23d. LOCATION (City, town, or county) <b>MT. VERNON, MISSOURI</b>		23e. STATE <b>MISSOURI</b>	
24. FUNERAL DIRECTOR <b>SMITH FUNERAL HOME</b>		25. DATE RECD. BY LOCAL REG. <b>11-7-62</b>	26. REGISTRAR'S SIGNATURE <b>Roy Santham Plw.</b>
ADDRESS <b>MT. VERNON</b>			

1934

*member of the State of Missouri*

**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 *Irvin R. Arnold*

Licensed Embalmer No. 4929

P. O. Address AUREA, 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.