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FILED SEP 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27117

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 272

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Independence		c. CITY (If outside corporate limits, write RURAL and give township) Independence	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 1513 West College.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1513 West College			

3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH b. (Middle) ROBERT c. (Last) WARREN	4. DATE OF DEATH (Month) (Day) (Year) Aug. 26, 1949
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 19, 1882	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 Hrs. Hours	IF UNDER 15 Min. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired Grocer	10b. KIND OF BUSINESS OR INDUSTRY Grocery	11. BIRTHPLACE (State or foreign country) Kentucky	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Wash Warren	13b. MOTHER'S MAIDEN NAME Nancy Jane Pigg	14. NAME OF HUSBAND OR WIFE Mrs Alta Warren
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 49491606273	17. INFORMANT'S SIGNATURE OR NAME Mrs Alta Warren	ADDRESS 1513 W. College
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma of liver		INTERVAL BETWEEN ONSET AND DEATH 1 yr.
	ANTECEDENT CAUSES As for conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		1 20 11
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **5:50 A.M.**, from the causes and on the date stated above.

23. SIGNATURE Paul J. Zammari, DO (Degree or title)	23b. ADDRESS Indep. Mo.	23c. DATE SIGNED 8/27/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 29, '49	24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery	24d. LOCATION (City, town, or county) (State) Independence, Mo.
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DATE REC'D BY LOCAL REG. Aug. 29-1949	REGISTRAR'S SIGNATURE James A. [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Dixon L. [Signature]	ADDRESS Indep. Mo.
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(Licensed Emballer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 1 1958

JUN 19 1958

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, *of* by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Dixon L. Kessler
Licensed Embalmer No. 4225

P. O. Address Independence, 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 this body is not embalmed, fact should be so stated above.