

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

30125

State File No.

FILED OCT 11 1951

BIRTH NO. _____ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 4234 Registrar's No. 42

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)	
a. COUNTY <u>Iron</u>	b. COUNTY <u>Iron</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>Iron</u>
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Ironton</u>)	c. LENGTH OF STAY (in this place) <u>14 da.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Liberty</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Chloride</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>MARTHA</u>	b. (Middle) <u>HELEN</u>	c. (Last) <u>WARREN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 26 1951</u>
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5. SEX <u>fem</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u>	8. DATE OF BIRTH <u>April 14 1895</u>	9. AGE (In years last birthday) <u>56</u>	IF UNDER 1 YEAR (Month) (Day) (Year) <u>5 12</u>	IF UNDER 2 HRS. (Hour) (Min.)
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	11. BIRTHPLACE (State or foreign country) <u>Glover Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Henry Swaringim</u>	13b. MOTHER'S MAIDEN NAME <u>Maggie George</u>	14. NAME OF HUSBAND OR WIFE <u>Sim Warren</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Sim Warren, Glover Mo.</u>	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute cardiac failure</u>		<u>few hours</u>
	ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		<u>?</u>
	DUE TO (b) <u>far advanced myocarditis</u>		
	DUE TO (c) <u>abscess right inguinal region</u>		<u>15 days</u>
	II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		<u>??</u>
	<u>right inguinal hernia</u>		

19a. DATE OF OPERATION <u>9-22-51</u>	19b. MAJOR FINDINGS OF OPERATION <u>abscess right inguinal region</u>	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) <u>6921</u>
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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 9-11-51, 19 , to 9-26-51, 19 , that I last saw the deceased alive on 9-26-51, 19 , and that death occurred at 2:25 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. E. Harland</u> (Degree or title) <u>m. dl.</u>	23b. ADDRESS <u>Ironton, Missouri</u>	23c. DATE SIGNED <u>9-27-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>9-28-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Big Creek Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Glover Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Oct. 1, 1951</u>	REGISTRAR'S SIGNATURE <u>Mrs. Avis Jones</u> <u>128</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>White Funeral Home, Ironton Mo.</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

RECEIVED

OCT 8 1951

DISTRICT HEALTH OFFICE No.

File No.....

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
Student Embalmer

Signed *Lucy White*

Licensed Embalmer No. *3412*

P. O. Address *Quinton Ave*

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.