

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12169

State File No. _____

APR 24 1952

| | | | | | | | |
|---|--|--|--|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>43</u> | | PRIMARY REG. DIST. NO. <u>3007</u> | | Registrar's No. <u>1-74</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Butler</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u> | | c. LENGTH OF STAY (in this place) <u>25 years</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u> | | <u>1124</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hwy 67 South</u> | | | | d. STREET ADDRESS (If rural, give location) <u>Hwy 67 South</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>GUY</u> | | b. (Middle) <u>WESLEY</u> | | c. (Last) <u>WARREN</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>4/13/1952</u> | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>12/3/1885</u> | |
| 9. AGE (In years last birthday) <u>66</u> | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 1 RES. Hours _____ Min. _____ | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Auto Court Operator</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Auto Court</u> | | 11. BIRTHPLACE (State or foreign country) <u>Wt. Vernon, Illinois</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>John W. Warren</u> | | 13b. MOTHER'S MAIDEN NAME <u>Elsie Parker</u> | | 14. NAME OF HUSBAND OR WIFE <u>Bertha Warren</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Bertha Warren Poplar Bluff, Missouri</u> | | | |
| 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) <u>Cerebro-vascular Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Advanced arterio-sclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u> <u>unknown</u> | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION <u>334X</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 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) _____ | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? _____ | | | |
| 22. I hereby certify that I attended the deceased from <u>6 Febr</u> , 19 <u>52</u> , to <u>21 Febr</u> , 19 <u>52</u> ; that I last saw the deceased alive on <u>20 Febr</u> , 19 <u>52</u> , and that death occurred at _____ m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>W. M. Pfeiffer, Jr.</u> (Degree or title) <u>M.D.</u> | | | | 23b. ADDRESS <u>Poplar Bluff, Missouri</u> | | 23c. DATE SIGNED <u>4/16/52</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>4/16/1952</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Gardens</u> | | 24d. LOCATION (City, town, or county) (State) <u>Poplar Bluff, Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>4-16-52</u> | | REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u> <u>428-0</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Greer Croy & Fitch Poplar Bluff, Mo.</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

124
1

RECEIVED
APR 22 1952
BUTLER CO. HEALTH CENTER
FILE No. 452-216

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Joseph R. Matlock

Signed.....
Student Embalmer

Licensed Embalmer No. 4824

P. O. Address Capital Bldg

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.