

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12296**

FILED APR 16 1952

BIRTH NO. _____ REG. DIST. NO. **59** PRIMARY REG. DIST. NO. **4097** Registrar's No. **52**

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| 1. PLACE OF DEATH a. COUNTY Cass | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cass | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Harrisonville | c. LENGTH OF STAY (in this place) 6 days | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Big Creek 0190 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Memorial Hospital | | d. STREET ADDRESS (If rural, give location) 4 miles S.W. of Pleasant Hill | |

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|-------------------------------------|-------------------------|--------------------------|-------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) Leola | b. (Middle) Marie | c. (Last) Warren | 4. DATE OF DEATH (Month) (Day) (Year) 4 - 2 - 52 |
|-------------------------------------|-------------------------|--------------------------|-------------------------|---|

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|----------------------|-------------------------------|---|--|---|---|---|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH March 31, 1928 | 9. AGE (In years last birthday) 24 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife | 10b. KIND OF BUSINESS OR INDUSTRY housewife | 11. BIRTHPLACE (State or foreign country) Pleasant Hill, Missouri. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Thomas Poindexter | 13b. MOTHER'S MAIDEN NAME Georgia Gregg | 14. NAME OF HUSBAND OR WIFE Guy Warren Jr. |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | 16. SOCIAL SECURITY NO. 493-30-2604 | 17. INFORMANT'S SIGNATURE OR NAME Thomas Poindexter, Pleasant Hill | 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, asphyxia, 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) Cerebral hemorrhage | DUE TO (b) Pelvic septicemia (hemolytic strep) | | 6 hrs. |
| ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | DUE TO (c) | | 10 days |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 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) m. | 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 **26 Mar, 1952**, to **2 April, 1952**; that I last saw the deceased alive on **2 April, 1952**, and that death occurred at **10¹⁵ A.M.**, from the causes and on the date stated above.

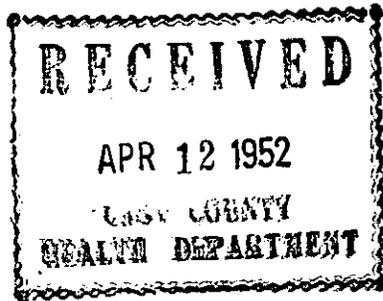
| | | |
|---|---------------------------------------|--------------------------------|
| 23a. SIGNATURE David E. Leonard M.D. (Degree or title) | 23b. ADDRESS Pleasant Hill, Mo | 23c. DATE SIGNED 4-3-52 |
|---|---------------------------------------|--------------------------------|

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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE April 4-1952 | 24c. NAME OF CEMETERY OR CREMATORY Pleasant Hill | 24d. LOCATION (City, town, or county) (State) Pleasant Hill, Missouri |
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| DATE REC'D BY LOCAL REG. Apr 7, 1952 | REGISTRAR'S SIGNATURE Nora Barnard | 25. FUNERAL DIRECTOR'S SIGNATURE Mrs C. L. Foster Kansas City Mo | ADDRESS |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....

A handwritten signature in dark ink, appearing to read "Allen Bumpert".

Signed.....

Student Embalmer

Licensed Embalmer No. 3785

P. O. Address Clark Hill Ind

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.