

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19793

State File No.

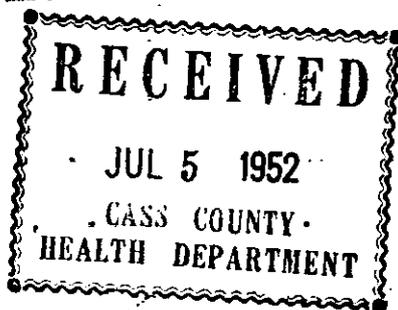
S. No. 300
V. 10.48

FILED JUL 9 1952

BIRTH NO. REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4095 Registrar's No. 100

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

1. PLACE OF DEATH a. COUNTY <u>Cass.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cass.</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Drexel,</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Drexel,</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Not in hosp. At own home.</u>		d. STREET ADDRESS (If rural, give location) <u>N/W cor Drexel, Mo.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>EMMA</u> b. (Middle) <u>AMELIA</u> c. (Last) <u>WARREN.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 26, 1952</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan. 27, 1869</u>
9. AGE (In years last birthday) <u>83</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>29</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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>Invalid.</u>	11. BIRTHPLACE (State or foreign country) <u>Hickory County Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Thos. E. Butler.</u>		13b. MOTHER'S MAIDEN NAME <u>Kate Coleman.</u>	14. NAME OF HUSBAND OR WIFE <u>James J. Warren, Dcsd.</u>
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>None.</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>George Warren, Drexel, 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>Coronary Arterio Sclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	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) (Min.)		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>1950</u> , 19 <u>50</u> , to <u>June 26, 1952</u> , that I last saw the deceased alive on <u>June 25, 1952</u> , and that death occurred at <u>4:40 pm.</u> from the causes and on the date stated above.			
23a. SIGNATURE (Type or title) <u>Basil C. Hestard M.D.</u>		23b. ADDRESS <u>Drexel, Mo.</u>	23c. DATE SIGNED <u>7/28/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/28/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sharon Cem.</u>
24d. LOCATION (City, town, or county) (State) <u>Drexel, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature] Drexel, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-1-52</u>		REGISTRAR'S SIGNATURE <u>Nora Barnard</u>	



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 _____

Licensed Embalmer No. 1950

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