

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35869

State File No.

FILED NOV 10 1952

BIRTH NO. _____ REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 5915 Registrar's No. 92

0799

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

1. PLACE OF DEATH a. COUNTY <u>Perry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Perry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Central Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Central Township</u>	
c. LENGTH OF STAY (in this place) <u>40 years</u>		d. STREET ADDRESS (If rural, give location) <u>Perryville, R.4.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Perryville, R.4</u>			
3. NAME OF DECEASED a. (First) <u>Cicero</u>		b. (Middle) <u>Gilbert</u>	
c. (Last) <u>Warren</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>October 25, 1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>July 9, 1889</u>
9. AGE (In years last birthday) <u>63</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Perry County, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Jospeh Warren</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Welty</u>	
14. NAME OF HUSBAND OR WIFE <u>Mary Jane Colin</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 <u>Donald Warren, St. Louis, Mo.</u>		ADDRESS	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asphyxiation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Smoke & Flames</u> DUE TO (c) _____ 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"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>farm</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Perryville Perry Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>10-25-1952 7:00 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Fire fighting in field</u>			
22. I hereby certify that I attended the deceased from <u>near of Perry County, Mo.</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>October 19, 1952</u> and that death occurred at <u>2:00 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Albert J. Zoellner</u> (Degree or title) <u>Director of Perry County, Mo.</u>		23b. ADDRESS <u>Perryville</u>	
23c. DATE SIGNED <u>10/27/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>October 28, 1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Perryville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Oct 28-52</u>		REGISTRAR'S SIGNATURE <u>Joe J. Zoellner</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert J. Zoellner</u>		ADDRESS <u>Perryville, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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. 3866

P. O. Address Perryville, Pa.

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.