

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 31 1953

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 5120 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Columbia</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Columbia</u>	
c. LENGTH OF STAY (in this place) <u>98 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>R. F. D. # 1 0100</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>R. F. D. #</u>			

3. NAME OF DECEASED (Type or Print) <u>WILLIAM WARREN</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 24 1953</u>
--	------------	-------------	-----------	---

5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Jan. 22 1855</u>	9. AGE (In years last birthday) <u>98</u>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days	Hours	Min.
--------------------	-------------------------------	--	---	---	---------------------------	--------------------------	-------	------

10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
---	--	--	---

13a. FATHER'S NAME <u>Lewis Warren</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Lillian 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>—</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ethel Williams</u>	ADDRESS <u>Columbia Mo.</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		INTERVAL BETWEEN ONSET AND DEATH <u>year</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis Heart Disease</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) <u>4200</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Decompensated</u>		year	

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) (m.)	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 _____, 19____, to Jan 24, 1953, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:35 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Henry Howard J. M. D. Corner 3</u>	23b. ADDRESS <u>909 University Columbia Mo.</u>	23c. DATE SIGNED <u>1/27/53</u>
---	--	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 29 - 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Loy Proctor</u>	24d. LOCATION (City, town, or county) (State) <u>Boone Co. Mo.</u>
--	------------------------------------	--	---

DATE REC'D BY LOCAL REG. <u>Jan 28 1953</u>	REGISTRAR'S SIGNATURE <u>Mrs R. E. Palmer</u>	31	25. FUNERAL DIRECTOR'S SIGNATURE <u>Stuart Paulus</u>	ADDRESS <u>Columbia, Mo.</u>
--	--	----	--	---------------------------------

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

100
1

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. 2900

P. O. Address Columbia, N

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.