

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

24217

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 8014 Registrar's No. 83

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>Clay</u>	a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Liberty</u>	c. LENGTH OF STAY (In this place) <u>minutes</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Liberty</u> <u>6001</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Mississippi Street</u>		d. STREET ADDRESS (If rural, give location) <u>438 E. Franklin</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Oscar</u>	b. (Middle) <u>Eugene</u>	c. (Last) <u>Warren</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 10, 1953</u>
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5. SEX <u>male</u> <u>0</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Oct. 22, 1896</u>	9. AGE (In years last birthday) <u>56</u>	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) <u>laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>odd jobs</u>	11. BIRTHPLACE (State or foreign country) <u>Clay County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>George W. Warren</u>	13b. MOTHER'S MAIDEN NAME <u>Annie Dever</u>	14. NAME OF HUSBAND OR WIFE <u>Gladys Carson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>495-07-0586</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Faye Leggett</u>	ADDRESS <u>Liberty, Missouri</u>
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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, ashenia, 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) <u>Gunshot Wound to Forehead</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Self Inflicted</u> DUE TO (c) <u>22 Long Cal Rifle</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E976X</u>			

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) <u>Suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) <u>Street</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Liberty clay Missouri</u>
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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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>D. J. Fate M.D. Coroner</u> (Degree or title)	23b. ADDRESS <u>North Kansas City, Mo.</u>	23c. DATE SIGNED <u>7/10/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-12-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Providence Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Liberty, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>July 17, 1953</u>	REGISTRAR'S SIGNATURE <u>Nebel Graham</u> <u>491</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Lylen Bailey General Hosp</u>	ADDRESS <u>Liberty, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

0/1

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 John Parley
Licensed Embalmer No. 4308

P. O. Address Liberty, 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.