

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

**29468**

State File No. ....

No. 300  
10.48

**FILED AUG 27 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 256 PRIMARY REG. DIST. NO. 5878 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <b>Oregon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Oregon</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Alton- Woodside</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Alton rural Woodside</b>	
c. LENGTH OF STAY (in this place) <b>44 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>0750</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS	

3. NAME OF DECEASED (Type or Print) a. (First) <b>JOHN</b> b. (Middle) <b>THOMAS</b> c. (Last) <b>WARREN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>August 8, 1953</b>		
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	
8. DATE OF BIRTH <b>October 4, 1866</b>			9. AGE (In years last birthday) <b>86</b>		10. IF UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Oregon Co., Mo.</b>
11. BIRTHPLACE			12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		

13a. FATHER'S NAME <b>Henry Warren</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Jane Alley</b>		14. NAME OF HUSBAND OR WIFE <b>Ida Harrison Warren</b>	
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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) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Ida Warren Alton, Mo.</b>	
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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)		<b>Cardiac - Insufficiency</b>					
ANTECEDENT CAUSES		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <b>Semile changed</b>					
		DUE TO (c) <b>aged</b>					
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? <b>NO</b>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Alton Oregon Mo</b>	
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 2-15, 1951, to 8-7, 1953, that I last saw the deceased alive on 8-7, 1953, and that death occurred at 8:30p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>William Larkin M.D.</b>		23b. ADDRESS <b>Alton, Mo.</b>		23c. DATE SIGNED <b>8-18-53</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>August 9, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Bailey Chapel Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Alton Oregon Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>Aug 22-53</b>		REGISTRAR'S SIGNATURE <b>M. S. W. C. Johnson</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Richard Carter, Alton, Mo.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

**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 *Leland Carter*

Licensed Embalmer No. 4516

P. O. Address Shaw, Md

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.