

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7552

BIRTH NO. FILED FEB 23 1954 REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 27

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| 1. PLACE OF DEATH a. COUNTY <u>Vernon</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Nevada</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Route 1, Nevada, Mo</u> | |
| c. LENGTH OF STAY (In this place) <u>40 yrs</u> | | d. STREET ADDRESS (If rural, give location) <u>Rural Route</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Nevada City Hospital</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> | | b. (Middle) <u>A.</u> | | c. (Last) <u>Warren</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>2 17 1954</u> | | |
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| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>1</u> | | 8. DATE OF BIRTH <u>June 20, 1890</u> | | 9. AGE (In years last birthday) <u>63</u> | | IF UNDER 1 YEAR Months Days <u>2 17</u> | | IF UNDER 1 HR. Hours Min. <u>3 </u> | |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u> | | 11. BIRTHPLACE (State or foreign country) <u>Mound City - Ill.</u> | | | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
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| 13a. FATHER'S NAME <u>Rev. D. C. Warren</u> | | 13b. MOTHER'S MAIDEN NAME <u>Clara Dumm</u> | | 14. NAME OF HUSBAND OR WIFE <u>Bessie Warren</u> | |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No.</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>George Warren Nevada Mo</u> | | ADDRESS <u>Nevada Mo</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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>3 1/2 hours</u> | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Don't know</u> | | | | | | | |
| | | DUE TO (c) _____ | | | | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u> | | | | | | | |

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| 19a. DATE OF OPERATION <u>—</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>—</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>—</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>—</u> | |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>—</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>—</u> | |
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22. I hereby certify that I attended the deceased from Nov 1953, to Feb 17, 1954, that I last saw the deceased alive on Feb 17, 1954, and that death occurred at 2:30 p. m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Willove Mad.</u> | | (Degree or title) | | 23b. ADDRESS <u>Nevada, Mo.</u> | | 23c. DATE SIGNED <u>2-19-54</u> | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>2-19-54</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Newton Burial Park Nevada, Mo</u> | | 24d. LOCATION (City, town, or county) (State) <u>Nevada, Mo</u> | |
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| DATE REC'D BY LOCAL REG. <u>2-20-1954</u> | | REGISTRAR'S SIGNATURE <u>Arma E. Hurry</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Dickinger Funeral Home</u> | | ADDRESS <u>Nevada Mo</u> | |
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(Licensed Embalmer's Statement on Reverse Side)

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

VS MAY 25 1959

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.....

Percy F. Melstee

Licensed Embalmer No. *4805*

P. O. Address *Nevada, 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.