

FILED MAY 7 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14620**

3074

Registrar's No. **56**

BIRTH NO. _____		REG. DIST. NO. <b>333</b>		PRIMARY REG. DIST. NO. _____		State File No. <b>14620</b>	
1. PLACE OF DEATH a. COUNTY <b>Scott</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sikeston,</b>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sikeston,</b>		d. STREET ADDRESS (If rural, give location) <b>1302 Osage St.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Donnie</b> b. (Middle) <b>XXXX</b> c. (Last) <b>Warren</b>				4. DATE OF DEATH (Month) (Day) (Year) <b>April 16 1954</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>Colored</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>0</b>		8. DATE OF BIRTH <b>August 20, 1952</b>	
9. AGE (In years last birthday) <b>1</b>		10. MONTHS <b>7</b>		11. DAYS <b>27</b>		12. IF UNDER 1 YEAR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>0</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>0</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Sikeston, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>0</b>	
13a. FATHER'S NAME <b>William Warren</b>			13b. MOTHER'S MAIDEN NAME <b>Maragret Brunt</b>			14. NAME OF HUSBAND OR WIFE <b>0</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>0</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Maragret Warren 1302 Osage</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>MEDICAL CERTIFICATION</b>							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Interstitial pneumonia.</b> INTERVAL BETWEEN ONSET AND DEATH <b>7 Hrs.</b>							
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Congenital obstruction along air passage. (unable to breathe when lying down).</b>							
DUE TO (c) <b>Probably Mentally Retarded</b>							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>7590</b>				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) _____		21f. HOW DID INJURY OCCUR? _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <b>First call</b> after death on _____, 19____, to _____, 19____, and that death occurred at <b>4:30 p. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Thelma C. Buehler - M.D. Health Officer</b>				23b. ADDRESS <b>Benton, Mo.</b>		23c. DATE SIGNED <b>4-19-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4-17-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Smith West End Court West of Sikeston, Mo.</b>		24d. LOCATION (City, town, or county) (State) _____	
DATE REC'D BY LOCAL REG. <b>4-26-54</b>		REGISTRAR'S SIGNATURE <b>Mrs. Ella Hunter</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Fred J. Smith 1312 Mand St.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

DATE RECEIVED MAY 3 1954

SCOTT CO. HEALTH DEPT.

CO. FILE No. 554-84

MAY 5 1954

**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

*Fred J. Smith*

Licensed Embalmer No. 4408

P. O. Address Dixonton, 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.