

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27934

State File No. ....

FILED AUG 31 1954

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>4126</u>			
1. PLACE OF DEATH a. COUNTY <b>JASPER</b>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <b>MISSOURI</b>				b. COUNTY <b>JASPER</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JOPLIN</b>		c. LENGTH OF STAY (in this place) <b>3 DAYS</b>		c. CITY OR TOWN <b>JOPLIN</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>FREEMAN HOSPITAL</b>				e. STREET ADDRESS (If rural, give location) <b>410 WALL ST.</b>				<b>04950</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>WARREN</b>			b. (Middle) <b>E.</b>		c. (Last) <b>CARAWAY</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>AUG. 16, 1954</b>		
5. SEX <b>M.</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>SEPT. 5, 1868</b>		9. AGE (In years last birthday) (If under 1 year, Months) (If under 12 hrs., Days) (Hours) (Min.) <b>85</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED- BLDG CONTR.</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>CONTRACTING</b>			11. BIRTHPLACE (City and State or Foreign Country) <b>ILLINOIS</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>C. T. CARAWAY</b>			13b. MOTHER'S MAIDEN NAME <b>JANE DAUGHERTY</b>			14. NAME OF HUSBAND OR WIFE <b>MRS. FLORA CARAWAY</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>UNK</b>		16. SOCIAL SECURITY NO. <b>NO</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MRS EDITH C. SMOOT - 410 WALL ST.</b>					
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) <b>Arteriosclerotic Heart Disease -</b>						INTERVAL BETWEEN ONSET AND DEATH <b>Unknown.</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
		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 <b>1200</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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 <u>Aug. 9, 1954</u> , to <u>Aug. 16, 1954</u> , that I last saw the deceased alive on <u>Aug. 16, 1954</u> , and that death occurred at <u>4:10p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>Oliver W. Koehler, MD</b>				23b. ADDRESS <b>805 Frisco Bldg. Joplin, Mo.</b>		23c. DATE SIGNED <b>8/18/54</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>8-18-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MT. HOPE CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>WEBB CITY, MISSOURI</b>			
DATE REC'D BY LOCAL REG. <b>8-20-54</b>		REGISTRAR'S SIGNATURE <b>By Selma Sampson</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>STEVE PARKER MORTUARY, JOPLIN, MO.</b>		ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 21 1954

VS APR 18 1954

RECEIVED AUG 30  
Jasper County Health C  
County File Number 54-  
Date Filed AUG 30

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 .....  
Signature of Student Embalmer

Signed *F. M. Jones* .....

Licensed Embalmer No. 231

P. O. Address *Joplin* .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.