

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7553**

FILED APR 14 1955

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|--|---|--|---|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. 59 | | PRIMARY REG. DIST. NO. 4105 | | Registrar's No. 35 | |
| 1. PLACE OF DEATH a. COUNTY Cass | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cass | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Peculiar | | c. LENGTH OF STAY (in this place) 24 yrs | | c. CITY OR TOWN Peculiar | | 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 (none) | | | | e. STREET ADDRESS (If rural, give location) (none) | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) ELIZA c. (Last) WARREN | | | 4. DATE OF DEATH (Month) (Day) (Year) 3-30-1955 | | | | |
| 5. SEX Fe. | 6. COLOR OR RACE Wh. | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH 9-1-1877 | | 9. AGE (In years last birthday) 77 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Own home | | 11. BIRTHPLACE (City and State or Foreign Country) Humansville, Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME Peter Chaney | | 13b. MOTHER'S MAIDEN NAME Orlena Hopper | | 14. NAME OF HUSBAND OR WIFE John D. Warren | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Carl Wills Peculiar, Mo. | | | |
| 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) Labor Pneumonia 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. Hypertension, arteriosclerosis | | | | | INTERVAL BETWEEN ONSET AND DEATH 3 Days | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 490x | | | | 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 (Month) (Day) (Year) (Hour) OF INJURY | | 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 3/29 , 1955, to 3/30 , 1955, that I last saw the deceased alive on 3/30 , 1955, and that death occurred at 2 A. m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) Master V. Robbins, M.D. | | | | 23b. ADDRESS Peculiar, Mo. | | 23c. DATE SIGNED 4/1/55 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 4-1-1955 | 24c. NAME OF CEMETERY OR CREMATORY Wills Cemetery | | 24d. LOCATION (City, town, or county) (State) near Peculiar, Mo. | | |
| DATE REC'D BY LOCAL REG. April 5, 1955 | | REGISTRAR'S SIGNATURE Dora Baruah | | 25. FUNERAL DIRECTOR'S SIGNATURE E. K. GEORGE & SONS | | ADDRESS BELTON, MO. | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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.....
Signature of Student Embalmer

Signed *Richard E. George*.....

Licensed Embalmer No. *395*.....

P. O. Address *Belton, N.*.....

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.