

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 13 1955

State File No.

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 178

1. PLACE OF DEATH a. COUNTY <u>COLE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>COLE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON CITY, MO</u>		c. LENGTH OF STAY (in this place) c. CITY OR TOWN <u>JEFFERSON CITY</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>605 FRANKLIN</u>		e. STREET ADDRESS (If rural, give location) <u>605 FRANKLIN</u> <u>0264</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>NANCY</u> b. (Middle) _____ c. (Last) <u>WARREN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 7, 1955</u>
--	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negr o</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Unknown</u>	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <u>About 83</u>
----------------------	--------------------------------	--	------------------------------------	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>WESTPHALIA, MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	-----------------------------------	--	--

13a. FATHER'S NAME <u>UNKNOWN</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>MANUEL WARREN</u>
--------------------------------------	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>REV. PAUL U. KERTZ</u>	ADDRESS <u>J. C. MO.</u>
---	--	--	-----------------------------

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, ashenia, 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) <u>Cerebral Hemorrhage</u> <u>Arteriosclerosis</u> 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	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) <u>331X</u>
--	--	--

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? <u>As Cole County Coroner</u>
--	--	---

22. I hereby certify that I attended the deceased from June 7, 1955 to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1 P. m. from the causes and on the date stated above.

23a. SIGNATURE <u>J. G. Bruce</u>	(Degree or title)	23b. ADDRESS <u>Jefferson City, Mo</u>	23c. DATE SIGNED <u>6-10-55</u>
--------------------------------------	-------------------	---	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6/10/55</u>	24c. NAME OF CEMETERY OR CREMATORIUM <u>Resurrection</u>	24d. LOCATION (City, town, or county) (State) <u>Jefferson City, Mo.</u>
--	-----------------------------	---	---

DATE REC'D BY LOCAL REG. <u>June 10-55</u>	REGISTRAR'S SIGNATURE <u>R.P. Norris MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ernestine Shuler</u>	ADDRESS <u>J. C. MO.</u>
---	--	---	-----------------------------

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..... *Sylvester Dulle*

Licensed Embalmer No. *43*

P. O. Address..... *Jefferson*

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.