

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36642

FILED DEC 7 1955

State File No.

BIRTH NO. REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 166

1. PLACE OF DEATH a. COUNTY Grundy		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Grundy	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Trenton	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Trenton	d. In 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 Cullers Hospital		STREET ADDRESS (If rural, give location) 923 Custer	

3. NAME OF DECEASED (Type or Print) a. (First) Florence b. (Middle) Rachel c. (Last) Warren	4. DATE OF DEATH (Month) (Day) (Year) Nov 9th 1955					
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 23, 1893	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months Days	IF UNDER 1 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	11. BIRTHPLACE (City and State or Foreign Country) Trenton, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME Wildy Swan Pringle	13b. MOTHER'S MAIDEN NAME Anna Kathreen Bookler	14. NAME OF HUSBAND OR WIFE D.F. Warren
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Jesse Conrads	ADDRESS Clear Water Fla.
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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		INTERVAL BETWEEN ONSET AND DEATH 1 day
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerosis DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 332*			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Nov 7, 1955** to **Nov 9, 1955**, and that death occurred at **9** m., from the causes and on the date stated above.

23a. SIGNATURE E. J. Harris MD (Degree or title)	23b. ADDRESS Trenton Mo	23c. DATE SIGNED 11/12/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 11-55	24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetary	24d. LOCATION (City, town, or county) (State) Trenton Missouri
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DATE REC'D BY LOCAL REG. 11-11-55	REGISTRAR'S SIGNATURE Frene Jar	25. FUNERAL DIRECTOR'S SIGNATURE Dehas...	ADDRESS Trenton, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 2 1958

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 *Earl M. Keeny*

Licensed Embalmer No. *351*

P. O. Address *Trenton*

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.