

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43183

State File No.

FILED JAN 9 1958

BIRTH NO. _____		REG. DIST. NO. <u>353</u>		PRIMARY REG. DIST. NO. <u>6189</u>		Registrar's No. <u>31</u>	
1. PLACE OF DEATH a. COUNTY <u>Taney</u> b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>rural Swan</u> c. LENGTH OF STAY (in this place) d. FULL NAME OF HOSPITAL OR INSTITUTION <u>home Swan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Taney</u> c. CITY OR TOWN <u>Swan</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> • STREET ADDRESS (If rural, give location) <u>rural Swan</u>			
3. NAME OF DECEASED a. (First) <u>CLARANCE</u> b. (Middle) <u>VIRGIL</u> c. (Last) <u>WARREN Sr</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 25 1955</u>		5. SEX <u>male</u>		
6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Aug. 22 1903</u>		9. AGE (In years last birthday) <u>52</u> IF UNDER 1 YEAR Months <u>4</u> Days <u>3</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZENSHIP OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Erastus Warren</u>			13b. MOTHER'S MAIDEN NAME <u>Meda Mae Middleton</u>		14. NAME OF HUSBAND OR WIFE <u>Cuma Warren</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Cuma Warren</u> ADDRESS <u>Swan, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Systemic Pneumonia with Empyema</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>492X</u>					
		11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Plum tree & other</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>with other deposits</u>				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>Jan 1955</u> , to <u>Jan 25 1955</u> , that I last saw the deceased alive on <u>Jan 25 1955</u> , and that death occurred at <u>9:35 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree or title)				23b. ADDRESS <u>Swan, Mo.</u>		23c. DATE SIGNED <u>1/25/56</u>	
24a. BURIAL CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>12/28/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Helms Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Taneyville, Mo</u>	
DATE REC'D BY LOCAL REG. <u>1-6-56</u>		REGISTRAR'S SIGNATURE <u>Helene Campbell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Joseph Funeral Home</u>		ADDRESS <u>Swan, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 12 1956

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..... *Walter S. Cobb*

Licensed Embalmer No. 47

P. O. Address..... *San Jose*

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.