

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 18 1956

State File No. **2037**

BIRTH NO. _____ REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 5770 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Mercer</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Mercer</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Madison Twp.</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Mill Grove, Mo.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>AD</u>	
		e. STREET ADDRESS (If rural, give location) <u>06575</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>W</u> c. (Last) <u>Warden</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 6, 1956</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>April 22, 1891</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	9. AGE (in years last birthday) <u>64</u>
		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>William Warden</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Rutherford</u>	14. NAME OF HUSBAND OR WIFE <u>Lavina Warden</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give war or date of service) <u>War I</u>	16. SOCIAL SECURITY NO. <u>499-10-6739</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lavina Warden</u> ADDRESS <u>Mill Grove 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Minutes</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Arterio-sclerosis</u>		
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>phlebitis in foot 4201</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>May 1955</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 Jan. 4, 1956, to Jan 6, 1956, that I last saw the deceased alive on Jan. 4, 1956, and that death occurred at 1 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>[Signature]</u>	23b. ADDRESS <u>Dainsville, Mo.</u>	23c. DATE SIGNED <u>1-7-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>1-8-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Goshen Ceme.</u>
		24d. LOCATION (City, town, or county) (State) <u>Mercer Co. Mo.</u>

DATE REC'D BY LOCAL REP. <u>1-10-56</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Martin Funeral Home Princeton, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side) [Signature]

WRITE PLAINLY—USE 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..... *John Mantur*.....

Licensed Embalmer No. *3760*

P. O. Address *Director*

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.