

FILED MAR 14 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

5190

807

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>807</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>15 yrs.</u>		c. CITY OR TOWN <u>Kansas City</u>		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 <u>General Hospital #2</u>				STREET ADDRESS (If rural, give location) <u>8015 Troost Ave</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Clyde</u>		b. (Middle) <u>R</u>		c. (Last) <u>Warren</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2 18 1956</u>	
5. SEX <u>2</u> <u>male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>unknown</u>		8. DATE OF BIRTH <u>8 13 1894</u>	
9. AGE (In years last birthday) <u>61</u>		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) <u>porter</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>tavern</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Little Rock Ark.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>				13a. FATHER'S NAME <u>William Warren</u>		13b. MOTHER'S MAIDEN NAME <u>Jennie Reed</u>	
14. NAME OF HUSBAND OR WIFE <u>unknown</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u>		16. SOCIAL SECURITY NO. <u>491-22-0241</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>W Hanks</u>				ADDRESS <u>8015 Troost</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Hypertensive heart disease with failure.</u>							
MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive heart disease with failure.</u>							
INTERVAL BETWEEN ONSET AND DEATH							
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
<u>443 X</u>							
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>2-11-56</u> , 19 <u> </u> , to <u>2-18-56</u> , 19 <u> </u> , that I last saw the deceased alive on <u>2-18-56</u> , 19 <u> </u> , and that death occurred <u>all:06 pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W.R. Peterson</u>				23b. ADDRESS <u>600 E. 22nd Street</u>		23c. DATE SIGNED <u>2-20-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 23 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Blue Ridge Lawn Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-22-56</u>		REGISTRAR'S SIGNATURE <u>Neva Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Adkins Funeral Home</u> ADDRESS <u>Kansas City, Mo.</u>			

(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.....
E. Kenneth Rebo

Licensed Embalmer No.....
12125

P. O. Address.....
2000

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.