

FILED MAR 22 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8275

State File No.
Registrar's No. 200

BIRTH NO. REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5143

1. PLACE OF DEATH a. COUNTY Butler Poplar Bluff Twp		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Butler	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN Rural Highway 67 South		c. LENGTH OF STAY (in this place) 4 mo.	c. CITY OR TOWN Poplar Bluff
d. FULL NAME OF HOSPITAL OR INSTITUTION Goodwill Nursing Home		e. STREET ADDRESS (If rural, give location) 722 Abbot St. 0127	

3. NAME OF DECEASED (Type or Print) a. (First) Louise b. (Middle) Warren c. (Last) Warren			4. DATE OF DEATH (Month) (Day) (Year) 3/10/56		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug 28, 1875	9. AGE (In years last birthday) 80	10. IF UNDER 1 YEAR Months Days 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 Housekeeping		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri	
13a. FATHER'S NAME Henry Seifert			13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Earnest E. Warren
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Parker Warren Poplar Bluff, Mo.	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Broncho pneumonia</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Influenza</i> DUE TO (c) <i>Sensibility</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 3 wks 4 wks	
---	--	--	--	--	--	--

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 480X	
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 2-28-1956, to 3-10-1956, that I last saw the deceased alive on 3-5-1956, and that death occurred at 5:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>H. H. Burton, M.D.</i>		23b. ADDRESS <i>Poplar Bluff, Mo.</i>		23c. DATE SIGNED 3-12-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/13/56		24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery	
				24d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo.	

DATE REC'D BY LOCAL REG. 3/14/56		REGISTRAR'S SIGNATURE <i>R. D. Grunbeck</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Greer Croy & Fitch Poplar Bluff, Mo.	
----------------------------------	--	---	--	---	--

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

4

39-0

RECEIVED

MAR 19 1956

BUTLER CO. HEALTH CENTER

FILE No. _____

APR 10 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 *Ray P. Adams*
Licensed Embalmer No. *497*

P. O. Address *Boyle, Pa.*

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.