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FILED APR 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12895

State File No.

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4198 Registrar's No. 42

380

1. PLACE OF DEATH a. COUNTY <u>Gentry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Gentry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>King City</u>		c. CITY OR TOWN <u>King City</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>21 yrs.</u>		e. STREET ADDRESS (If rural, give location) <u>0380</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Clora</u>	b. (Middle) <u>B</u>	c. (Last) <u>Warren</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>4.8.1956</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>10.11.1880</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>28</u>	IF UNDER 4 HRS. Hour <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>same</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>OBrien Tenn</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
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13a. FATHER'S NAME <u>John W. McAbee</u>	13b. MOTHER'S MAIDEN NAME <u>Rhoda Mc Ree</u>	14. NAME OF HUSBAND OR WIFE <u>Robt. S. Warren</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Alice Kizer.</u>	ADDRESS <u>Mexico Mo.</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		<u>10 years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic peptic ulcer</u> DUE TO (c) _____		<u>14 years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from JUNE, 1938, to 4.8.1956, 19____, that I last saw the deceased alive on 4-8, 1956, and that death occurred at 5:30A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr Jack G. Barnes</u>	23b. ADDRESS <u>King City Mo</u>	23c. DATE SIGNED <u>4.10.56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4.10.1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>King City</u>	24d. LOCATION (City, town, or county) (State) <u>King City Mo</u>
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DATE REC'D BY LOCAL REG. <u>April 16 -56</u>	REGISTRAR'S SIGNATURE <u>Maudie Williams</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>R. S. Taggart</u>	ADDRESS <u>King City Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 *R. G. Taggart*

Licensed Embalmer No. 2563.....

P. O. Address King City, Mo.....

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.