

U.S. No. 300
REV. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 17 1956

31524

State File No.

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 5837 Registrar's No. 87

1. PLACE OF DEATH a. COUNTY <u>Newton</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>W. Benton Twp.</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		e. STREET ADDRESS (If rural, give location) <u>1317 E. Armour</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>WARREN</u>	b. (Middle) <u>DEE</u>	c. (Last) <u>ORGAN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 1, 1956</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Dec. 30, 1923</u>	9. AGE (In years last birthday) <u>32</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Assembly Man</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Gen.. Motor</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Granby, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Warden L. Organ</u>	13b. MOTHER'S MAIDEN NAME <u>Cordie Flaherty</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, state war or dates of service) <u>Yes World War 2</u>	16. SOCIAL SECURITY NO. <u>488-26-6793</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Charles Cook</u>	ADDRESS <u>Neosho, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crushed Skull</u>		
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

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) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Public Highway</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>Newton County, Missouri</u> (COUNTY) (STATE)
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21d. TIME OF INJURY <u>9-1-56 10 P</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Auto and Motorcycle Accident</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to 9-1-56, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Booby Thompson, Jr.</u> (Degree or title) <u>Coroner</u>	23b. ADDRESS <u>Neosho, Missouri</u>	23c. DATE SIGNED <u>9-3-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-5-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Granby Memorial</u>	24d. LOCATION (City, town, or county) (State) <u>Granby, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>9-13-56</u>	REGISTRAR'S SIGNATURE <u>Melvin C. Bowman</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Booby Thompson, Jr.</u>	ADDRESS <u>Neosho, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

203

8961 27 ADM

UPD 7.8 1957

RECEIVED

District Health Officer No. Newton
District File Number 956-151
Date Filed SEP 13 1957

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..... Leahy Thompson

Licensed Embalmer No. 4861

P. O. Address Neosho, 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.