

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36834**

FILED OCT 24 1956

BIRTH NO. _____ REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 6242 Registrar's No. 73

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

1. PLACE OF DEATH a. COUNTY Washington		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Washington	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN Kington Township	c. LENGTH OF STAY (in this place) Life	c. CITY OR TOWN Cadet	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Cadet Rt. 1		e. STREET ADDRESS (If rural, give location) Rt. #1	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Mary	b. (Middle) Pligia	c. (Last) Warden	DEATH October, 21, 1956		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 30, 1869	9. AGE (In years last birthday) 87	if UNDER 1 YEAR Months 5 Days 21
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and State or Foreign Country) Washington Co. Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Anthony Missey	13b. MOTHER'S MAIDEN NAME Rosele Courtway	14. NAME OF HUSBAND OR WIFE Joseph Shelby Warden
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Leo Warden ADDRESS Rt. #1 Cadet, Mo.	
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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 5 days
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy	ANTECEDENT CAUSES			
	DUE TO (b) arterio sclerosis			
	DUE TO (c) Hypertension			
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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **10-18, 1956**, to **10-21, 1956**, that I last saw the deceased alive on **10-18, 1956**, and that death occurred at **8:00 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE Joseph L. Thurman, M.D. (Degree or title)	23b. ADDRESS Potosi, Mo.	23c. DATE SIGNED 10-23-1956
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/24/56	24c. NAME OF CEMETERY OR CREMATORY St. Joachims	24d. LOCATION (City, town, or county) (State) Old Mines, Missouri
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DATE REC'D BY LOCAL REG. 10/23/56	REGISTRAR'S SIGNATURE Hubert Rudall	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Arthur W. Smith Potosi Mo
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WASH. COUNTY HEALTH DEPT.

File No. _____

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 me....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed C. H. Boyer.....

Licensed Embalmer No. 4158

P. O. Address Potosi, 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.

[Handwritten marks]