

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 13 1957

STATE FILE NUMBER

Registration District No. 155 Primary Registration District No. 5579 Registrar's No. 143

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-57

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MINERAL TWSP.		c. CITY OR TOWN JOPLIN	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR ELMHURST CONVAL- INSTITUTION ESCENT HOME		d. STREET ADDRESS 1837 KENSINGTON AVE	
Length of stay in lb 4 Mo's		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First JOHN Middle EDWARD Last WARREN			4. DATE OF DEATH Month JULY Day 30 Year 1957		
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH DEC. 11, 1881		9. AGE (In years last birthday) 75
10a. USUAL OCCUPATION (Give kind of work done during most of working life, when engaged) ENGINEER		10b. KIND OF BUSINESS OR INDUSTRY PICHER SMELTER		11. BIRTHPLACE (City and state or country) KINGMAN, KANSAS	
10c. FATHER'S NAME WARREN			13b. MOTHER'S MAIDEN NAME UNK		14. NAME OF HUSBAND OR WIFE BERTHA WARREN
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, <input type="checkbox"/> No, <input checked="" type="checkbox"/> or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. UNK		17. INFORMANT Address MRS. BERTHA WARREN, 1837 KENSINGTON	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ANOXEMIA					INTERVAL BETWEEN ONSET AND DEATH 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Respiratory paralysis					2 days
DUE TO (c) Cerebral hemorrhage					2 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Motor paralysis due to cerebral hemorrhage (Sept., 1950)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)				
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION . . . COUNTY . . . STATE . . .		

21. I attended the deceased from <u>Sept. 1949</u> to <u>7/30/57</u> and last saw ^{him} alive on <u>7/29/57</u> Death occurred at <u>4:00</u> P. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>R. G. Mahoney, D.O.</i>				22b. ADDRESS <u>Joplin, Mo.</u>	
22c. DATE SIGNED <u>7/31/57</u>					

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 8-1-57	23c. NAME OF CEMETERY OR CREMATORY FOREST PARK CEMETERY, JOPLIN, MISSOURI	23d. LOCATION (City, town, or county) . . . (State) JOPLIN, MISSOURI
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24. FUNERAL DIRECTOR ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.		25. DATE RECD. BY LOCAL REG. 8-5-57	26. REGISTRAR'S SIGNATURE <i>Mrs. Madeline Switzer</i>
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *F. M. Jones*

Licensed Embalmer No. *2519*

P. O. Address *Joplin 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.