

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32248

STATE FILE NUMBER

FILED SEP 19 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3962

1. PLACE OF DEATH a. COUNTY <u>Jackson</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, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Joseph's Hosp.</u>			Length of stay in lb <u>40 yrs.</u>		d. STREET ADDRESS (If outside, give location) <u>4403 Bell</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>THOMAS</u> Middle <u>R</u> Last <u>WARREN</u>				4. DATE OF DEATH Month <u>Aug</u> Day <u>22</u> Year <u>1957</u>					
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>May 28, 1911</u>		9. AGE (In years last birthday) <u>46</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Industrial Engineer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>K. C. Power & Light</u>		11. BIRTHPLACE (City and state or country) <u>Independence, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		
13. FATHER'S NAME <u>Eugene Warren</u>				14. MOTHER'S MAIDEN NAME <u>Flora Clark</u>					
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>487-01-0780</u>		17. INFORMANT <u>John L. Sheridan, Argyle Bldg. 14 Mo.</u> Address					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Atherosclerosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Thrombocytopenia of liver</u> DUE TO (c) <u>Dehydrated Thrombocytopenia</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Thrombocytopenia & platelet decrease</u>							INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>1 1/2 yrs.</u> <u>3 mo</u>		
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 <u> </u> Month <u> </u> Day <u> </u> Year <u> </u> a. m. <u> </u> p. m. <u> </u>									
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>June, 1936</u> to <u>8-22-57</u> and last saw <u>her</u> alive on <u>8-22-57</u> Death occurred at <u>9:20 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <u>John T. Skinner MD</u>				22b. ADDRESS <u>1102 Grand St. PMO</u>			22c. DATE SIGNED <u>8-23-57</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>8-24-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet Cemetery</u>			23d. LOCATION (City, town, or county) (State) <u>Hickman Mills, Missouri</u>			
24. FUNERAL DIRECTOR ADDRESS <u>Mellody-McGilley-Eylan Funeral Home</u>			25. DATE RECD. BY LOCAL REG. <u>8-23-57</u>		26. REGISTRAR'S SIGNATURE <u>Neva Minshall</u>				
1800 E. Linwood, K. C. (Licensed Embalmer's Statement on Reverse Side)									

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
John T. Skinner

J T SKINNER



*Remondromalson
P. O. Address*

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by me, or by Student Embalmer No.
working under my personal supervision..

Student
Signature of Student Embalmer

Signed *John A. Skinner*

Licensed Embalmer No. *50*

P. O. Address *Indy, Ind*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.