

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34705

STATE FILE NUMBER

FILED OCT 21 1957

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 356

1. PLACE OF DEATH a. COUNTY <u>Adair</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Iowa</u> b. COUNTY <u>Van Buren</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <u>Kirksville</u> TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Keosauqua</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>Laughlin, Hospital</u>			Length of stay in lb		d. STREET ADDRESS (If outside, give location) <u>R.F.D. #1</u>
3. NAME OF DECEASED (Type or print) First <u>Albert</u> Middle <u>Jay</u> Last <u>Warren</u>			4. DATE OF DEATH Month <u>Oct.</u> Day <u>10,</u> Year <u>1957</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</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>Aug. 9, 1892</u>		9. AGE (In years last birthday) <u>65</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and state or country) <u>Wapello Co., Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>John R. Warren</u>			14. MOTHER'S MAIDEN NAME <u>Anna Sirles</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>485-42-9491</u>		17. INFORMANT Address <u>Mamie Warren, Keosauqua, Iowa</u>	
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>INTESTINAL OBSTRUCTION DUE TO</u>  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>WIDESPREAD ADENOCARCINOMA OF COLON</u> DUE TO (c) <u>AND METASTASIS TO LIVER AND LUNG</u>					INTERVAL BETWEEN ONSET AND DEATH <u>DEC 1955</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>153X</u>					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 _____ 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>10-1-57</u> to <u>10-10-57</u> and last saw <sup>her</sup> him alive on <u>10-10-57</u> Death occurred at <u>1:18 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Paul M. Riley</u> (Degree or title)			22b. ADDRESS <u>Keosauqua, Mo</u>		22c. DATE SIGNED <u>10-10-57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>10/10/57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Agency Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Agency, Iowa</u>
24. FUNERAL DIRECTOR ADDRESS <u>Paul M. Riley Kirksville, Mo</u>			25. DATE RECD. BY LOCAL REG. <u>10-10-1957</u>		26. REGISTRAR'S SIGNATURE <u>Doris W. Pattiff</u>

OCT 24 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 *George W. Davol*

Licensed Embalmer No. *47*

P. O. Address *Kingswood*

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.