

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36215**

FILED NOV 14 1957

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>5080</u>		
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>Bates</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>1 day</u>		c. CITY OR TOWN <u>Amoret</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 <u>St. Lukes Hospital</u>				f. STREET ADDRESS (If rural, give location) <u>None</u>				
3. NAME OF DECEASED a. (First) <u>Raymond</u> b. (Middle) <u>S.</u> c. (Last) <u>Warren</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10-31-57</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>11-8-1902</u>		
9. AGE (in years last birthday) <u>54</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 Wks. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sawyer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Sawmill</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas</u>		
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13a. FATHER'S NAME <u>William Warren</u>		13b. MOTHER'S MAIDEN NAME <u>Jessie Lingenfelter</u>		14. NAME OF HUSBAND OR WIFE <u>Jessie Warren</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>Not available</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Jessie Warren, wife, Butler, Mo.</u> ADDRESS _____				
18. CAUSE OF DEATH: Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH		
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intertrochanteric fracture, left hip.</u>						
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: <u>Due to (b)</u> <u>Due to (c)</u>						
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Delirium tremens</u>						
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
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>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Amoret</u> (COUNTY) <u>Bates</u> (STATE) <u>Missouri</u>				
21d. TIME OF INJURY: <u>Oct. 28, 1957</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell from tree</u>				
22. I hereby certify that I attended the deceased from <u>Oct. 30, 1957</u> , to <u>Oct. 31, 1957</u> , that I last saw the deceased alive on <u>Oct. 31, 1957</u> , and that death occurred at <u>9:50 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Frank R. Williams</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>4312 J.C. Nichols Parkway, Kansas City, Missouri</u>		23c. DATE SIGNED <u>Nov. 4, 1957</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>10-31-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Benjamin Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Amoret, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>11-5-57</u>		REGISTRAR'S SIGNATURE <u>Neva Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Archer & Mangold Funeral Home</u> ADDRESS <u>Amsterdam, Mo.</u>				

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

1982



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..... Robert L. Mangold

Licensed Embalmer No.....4972

P. O. Address.....LaCygne, Kan

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.