

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013617
STATE FILE NUMBER

FILED MAY 12 1958

Registration District No. 72 Primary Registration District No. 4134 Registrar's No. 47

Health,
& Welfare
Public
Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

6000

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <u>Smithville</u> TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Liberty</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>Smithville Hosp.</u>		Length of stay in 1b <u>2 weeks</u>	d. STREET ADDRESS <u>438 E. Franklin</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Gladys</u> Middle <u>Warren</u> Last <u>Warren</u>			4. DATE OF DEATH Month <u>April</u> Day <u>17</u> Year <u>1958</u>		
--	--	--	---	--	--

5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct. 4, 1908</u>	9. AGE (In years birthday) <u>49</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	IF UNDER 24 HRS. 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>secretary</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>doctor office</u>	11. BIRTHPLACE (City and state or country) <u>Highbee, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	---	--	--

13. FATHER'S NAME <u>Alexander Carson</u>	14. MOTHER'S MAIDEN NAME <u>Mary E. Curnett</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.	17. INFORMANT <u>Faye Leggett</u> Address <u>2008 E. 54 terr KC Mo</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>Serum Sickness</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Hypersensitivity to Drugs & Medicines</u>	<u>5 days</u>
	DUE TO (c) <u>170X</u>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Carcinoma of the Breast</u>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 <u>10:00</u> a. m. <u>AM</u> Month, Day, Year	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 <u>Liberty, Mo.</u>	COUNTY	STATE
---	--	---	---	--------	-------

21. I attended the deceased from <u>4-2-58</u> to <u>4-17-58</u> and last saw her/him alive on <u>4-17-58</u> Death occurred at <u>10:00 AM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>William L. Spontano MD</u> (Degree or title)	22b. ADDRESS <u>Shelby, Mo.</u>	22c. DATE SIGNED <u>4-18-58</u>
---	------------------------------------	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>4-19-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Providence Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Liberty, Mo.</u>
--	-----------------------------	--	--

24. FUNERAL DIRECTOR <u>Tyler-Pasley Liberty, Mo.</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>4-19-58</u>	26. REGISTRAR'S SIGNATURE <u>Marquette Hudgens</u>
--	---------	--	---

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.....
Charles F. Tyler

Licensed Embalmer No. *45*

P. O. Address.....
Liberty

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.