Health, & Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-036736
STATE FILE NUMBER

FILED OCT 21 1958 Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 437

1. PLACE OF DEATH a. COUNTY Jackson b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Independence — Inside Limits Yes [X] No [ ] c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Indep. Hosp. — Length of stay in 1b: 40 yrs.	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson c. CITY OR TOWN Independence — Inside Limits Yes [X] No [ ] d. STREET ADDRESS (If outside, give location) 325 E. Walnut — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First MISS FRANCES Middle LENORA Last WARR

4. DATE OF DEATH: Month Oct. Day 11 Year 1958

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: Oct. 17, 1888

9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Teacher

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Evergreen, Alabama

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Robert C. Warr

13b. MOTHER'S MAIDEN NAME: Martha Russell

14. NAME OF HUSBAND OR WIFE: -----

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. 496-10-1800

17. INFORMANT: Mrs. Callie Dixon, Indep., Mo. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	metastatic adenocarcinoma	2 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Carcinoma breast	11 yrs
DUE TO (c)	170X	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 1956 to 1958 and last saw her/him alive on Aug 15, 58

Death occurred at Oct 11, 1958 11:25 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Paul L Bachmann (Degree or title) M.D.

22b. ADDRESS Indep., Mo

22c. DATE SIGNED Oct 13, 58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Oct. 14, 1958

23c. NAME OF CEMETERY OR CREMATORY Woodlawn

23d. LOCATION (City, town, or county) (State) Indep., Mo.

24. FUNERAL DIRECTOR Ott & Mitchell

ADDRESS Indep., Mo.

25. DATE RECD. BY LOCAL REG. 10-14-58

26. REGISTRAR'S SIGNATURE Lawrence Gracey

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 .....

Licensed Embalmer No. 4925

P. O. Address .....

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.