

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-045350

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 472
FILED JAN 5 1958

300
-57

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWNSHIP <u>St. Francois Township</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Campbell</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>State Hospital # 4</u>		Length of stay in lb <u>1 1/2</u> LOM, 2 Days	d. STREET ADDRESS (If outside, give location) <u>Rt. 3</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>THOMAS A. WARREN</u>			4. DATE OF DEATH Month Day Year <u>December 12, 1958</u>
5. SEX <u>Male</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>September 14, 1880</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>78</u>
13a. FATHER'S NAME <u>Warren</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	9. AGE (In years last birthday) Months Days Hours Min. <u>2 28</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>Unknown</u>	11. BIRTHPLACE (City and state or country) <u>Tennessee</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>Acute Coronary Thrombosis</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary Sclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hrs.</u>	
DUE TO (c) <u>4201F</u>		Unknown.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Intertrochanteric fracture, left, on 11-10-58, and psychosis with</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) <u>Knocked down by other mental patient on mental hospital ward.</u>		
20c. TIME OF INJURY Hour Month, Day, Year <u>Abt. 8 p.m. 11-10-58</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Mental Hospital Ward</u>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>St. Francois Twp. St. Francois Mo.</u>		
21. I attended the deceased from <u>Feb. 10, 1957</u> to <u>Dec. 12, 1958</u> and last saw him/her alive on <u>Dec. 12, 1958</u> Death occurred at <u>7:40 P. M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>John A. Buennen M.D.</u>		22b. ADDRESS <u>State Hospital No. 4 Farmington, Missouri</u>	
22c. DATE SIGNED <u>12-12-58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Dec. 14, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Qulin Cemetery</u>	23d. LOCATION (City, town, or country) (State) <u>Qulin, Missouri</u>
24. FUNERAL DIRECTOR ADDRESS <u>Landess Funeral Home, Campbell, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Dec. 20, 1958</u>	26. REGISTRAR'S SIGNATURE <u>Ester Rudloff</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *W. Cozeman*

Licensed Embalmer No. *4094*

P. O. Address *Farmington*

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.