

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-022072

FILED JUN 24 1959 Registration District No. 383 Primary Registration District No. 5655 STATE FILE NUMBER 71 Registrar's No.

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Lawrence</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Mt. Vernon</b>		c. CITY OR TOWN <b>Joplin</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Mo. State Sanatorium</b>		Length of stay in lb <b>49 days</b>	
3. NAME OF DECEASED (Type or print) First <b>William</b> Middle <b>Weston</b> Last <b>Warren</b>		4. DATE OF DEATH Month <b>June</b> Day <b>13</b> , Year <b>1959</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Oct. 2, 1892</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman - HOOPER VAC. CLEANER CO.</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>66</b>
11. BIRTHPLACE (City and state or country) <b>Missouri (JASPER COUNTY)</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>General Thomas Warren</b>		13b. MOTHER'S (NEE) NAME <b>Willie Patterson</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give branch of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>SS# 491-01-0232-144000</b>	
17. INFORMANT <b>San. records, Mo. State Sanatorium, Mt. Vernon,</b>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Anaplastic carcinoma of right lung, with metastasis to liver and brain</b>		INTERVAL BETWEEN ONSET AND DEATH <b>approx. 2 1/2 mo.</b>	
Conditions; if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>163X</b>	
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 <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 <b>April 28, 1959</b> to <b>June 13, 1959</b> and last saw <sup>him</sup> <b>xxx</b> alive on <b>June 13, 1959</b> Death occurred at <b>12:50 a.m.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>C. Hellweg M. D.</b>		22b. ADDRESS <b>Mt. Vernon, Mo.</b>	
22c. DATE SIGNED <b>6-15-59</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>6-13-59</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>OZARK MEMORIAL PARK,</b>		23d. LOCATION (City, town, or county) (State) <b>Joplin, Mo.</b>	
24. FUNERAL DIRECTOR <b>Steve Parker Mortuary, Joplin, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>6-15-59</b>	
26. REGISTRAR'S SIGNATURE <b>Cecil Hendricks</b>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

110

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 *Steve Parker* .....

Licensed Embalmer No. *2548* .....

P. O. Address *Jefferson* .....

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.