URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

59-034898

STATE FILE NUMBER

FILED VS. OCT 14 1959

Registration District No. 336 Primary Registration District No. _____ Registrar's No. 27

ENDED

1. PLACE OF DEATH
a. COUNTY Shannon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Eminence — Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Home — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Shannon
c. CITY OR TOWN Eminence — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Golden Middle Ryal Last Warren

4. DATE OF DEATH Month September Day 25, Year 1959

5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH May 9, 1912
9. AGE (last birthday) 47 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Construction
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Eminence, Mo.
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME John Wm. Warren
13b. MOTHER'S MAIDEN NAME Florence Sherrel
14. NAME OF HUSBAND OR WIFE Elda May Warren

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. yes
17. INFORMANT Address Elda May Warren, Eminence, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) acute Circulatory Failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Thrombosis
DUE TO (c) Coronary Artery Arteriosclerosis
INTERVAL BETWEEN ONSET AND DEATH

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

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ 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 5-15-59, to 9-15-59 and last saw him alive on 9-15-59
Death occurred at 9:00 pm m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Henry M. Mortett DO
22b. ADDRESS Eminence Missouri
22c. DATE SIGNED 10-5-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 9/27/59
23c. NAME OF CEMETERY OR CREMATORY New Eminence Cemetery
23d. LOCATION (City, town, or county) (State) Eminence, Missouri

24. FUNERAL DIRECTOR ADDRESS Duncan Funeral Home Mtn. View, Mo.
25. DATE RECD. BY LOCAL REG. 10-12-1959
26. REGISTRAR'S SIGNATURE Michael Rollins

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by r

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Richard A. Norton
Signature of Student Embalmer

Licensed Embalmer No. 5029

P. O. Address Mt Vers

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.