URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS AUG 3 1960

-60-027207

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3420

NDED

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City
Length of stay in 1b 7 wks.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Carroll
c. CITY OR TOWN Carrolton
Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) R. F. D. # 1
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Buel Middle E. Last Warren

4. DATE OF DEATH Month June Day 29, Year 1960

5. SEX Male

6. COLOR OR RACE White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 10-5-~~1896~~ 1897

9. AGE (last birthday) ~~63~~ 62

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) Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Unknown

12. CITIZEN OF WHAT COUNTRY U. S.

13a. FATHER'S NAME William Warren

13b. MOTHER'S MAIDEN NAME Hattie Byrd

14. NAME OF HUSBAND OR WIFE Anna Mae Warren

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

16. SOCIAL SECURITY NO. none

17. INFORMANT Marshall Funeral Home, Carrollton, 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:
IMMEDIATE CAUSE (a) Carcinoma, Right Kidney
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
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 May 8 1960, to June 29 1960 and last saw her/him alive on June 29

Death occurred at _____ m, on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E. McMillan MD (Degree or title)

22b. ADDRESS 1019 Professional Bldg Kansas City Mo.

22c. DATE SIGNED 6-29-60

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

23b. DATE 6-29-60

23c. NAME OF CEMETERY OR CREMATORY Carrollton

23d. LOCATION (City, town, or county) Carrollton, Missouri (State)

24. FUNERAL DIRECTOR Stine & McClure, Kansas City, Mo. ADDRESS

25. DATE RECD. BY LOCAL REG. 6-29-60

26. REGISTRAR'S SIGNATURE Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT Birth Cert. #398805 F-12/11/51

BY AFFIDAVIT OF Wife E. Mc Millan

AUG 4 1960

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Joe B. Yo

Signature of Student Embalmer

Licensed Embalmer No. 417

P. O. Address K.C.

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