

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-035104

FILED VS OCT 14 1960 149

4946

STATE FILE NUMBER

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

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>MISSOURI</i> b. COUNTY <i>JACKSON</i>	
b. CITY (If outside corporate limits, give TOWNSHIP or TOWN) <i>Kansas City</i>		c. CITY OR TOWN <i>KANSAS CITY</i>	
Length of stay in Ill. <i>13 YEARS</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>General Hospital</i>		d. STREET ADDRESS (If outside, give location) <i>2901 CHARLOTTE STREET</i>	
3. NAME OF DECEASED (Type or print) First <i>JOHN</i> Middle <i>WARREN</i> Last		4. DATE OF DEATH Month <i>10</i> - Day <i>1</i> - Year <i>60</i>	
5. SEX <i>MALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>JAN. 2, 1877</i>
9. AGE (last birthday) <i>83</i>		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)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) <i>PHILLIPS COUNTY, KANSAS</i>		12. CITIZEN OF WHAT COUNTRY <i>U. S. A.</i>	
13a. FATHER'S NAME <i>WARREN</i>		13b. MOTHER'S MAIDEN NAME	
14. NAME OF HOUSEHOLD OR WIFE <i>MRS. ETHEL WARREN</i>		Address <i>2901 CHARLOTTE STREET</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>MRS. ETHEL WARREN</i>		Address <i>KANSAS CITY, MISSOURI</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carcinoma of Colon metastasis</i>			INTERVAL BETWEEN ONSET AND DEATH
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)			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	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 _____ Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <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 <i>9-28-60</i> to <i>10-1-60</i> and last saw him alive on <i>10-1-60</i> Death occurred at <i>12:50 AM</i> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>H L Dwyer</i> (Degree or title) <i>MD</i>		22b. ADDRESS <i>2400 Cherry</i>	
22c. DATE SIGNED <i>10-1-60</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>removal</i>		23b. DATE <i>2 Oct. 60</i>	
23c. NAME OF CEMETERY OR CREMATORIUM <i>GALENA CEMETERY</i>		23d. LOCATION (City, town, or county) <i>Galena, Missouri</i>	
24. FUNERAL DIRECTOR <i>A. W. Newcomer</i> ADDRESS <i>Kemo.</i>		25. DATE RECD. BY LOCAL REG. <i>10-1-60</i>	
26. REGISTRAR'S SIGNATURE <i>H-L Dwyer</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Dwyer

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 _____
Signature of Student Embalmer

Signed *Haris Quest*

Licensed Embalmer No. 4096

P. O. Address K.C. Mo

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