MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-041722

FILED VS DEC 5 1960

Registration District No. 128 Primary Registration District No. _____ Registrar's No. 1176A

STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY: Green
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Galloway, Mo.
Length of stay in 1b: 1 Year
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Residence
Inside Limits: Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print)
First: Leah
Middle: Faye
Last: Warren

4. DATE OF DEATH Month, Day, Year: Nov. 21, 1960

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: Nov. 21, 1889

9. AGE (last birthday): 71

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): Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Christian Co. Mo.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Frank Henderson

13b. MOTHER'S MAIDEN NAME: Ivah Douglas

14. NAME OF HUSBAND OR WIFE:

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: Ross Rathbun, Galloway, Mo.

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): Acute Myocardial Dilatation

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Chronic Myocarditis
DUE TO (c): Arteroisclerosis

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

BY AFFIDAVIT OF

21. I attended the deceased from January 1960, to Nov. 21st, 60 and last saw her alive on November 1960

Death occurred at 12:30 AM 11-21-60 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Warren H. Wilson D.O.

22b. ADDRESS: Sparta, Missouri

22c. DATE SIGNED: 11/23/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 11-23-60

23c. NAME OF CEMETERY OR CREMATORY: Bruner Cemetery

23d. LOCATION (City, town, or county) (State): Christian Co, Mo.

24. FUNERAL DIRECTOR: T. B. Chaffin

ADDRESS: Ozark Mo.

25. DATE RECD. BY LOCAL REG.: 11-28-60

26. REGISTRAR'S SIGNATURE: Effie E. Spelton

(Licensed Embalmer's Statement on Reverse Side)

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 T. B. Chaffin

Signature of Student Embalmer

Licensed Embalmer No. 2192

P. O. Address Ozark, M

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