

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-000610

FILED VS JAN 3 0 1961

Registration District No. 61 Primary Registration District No. 5234 Registrar's No. 4

STATE FILE NUMBER

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF
 ITEM NO.

1. PLACE OF DEATH a. COUNTY <u>Cedar</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Cedar</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>El Dorado Spgs, Rural</u>		Length of stay in 1b <u>10 years</u>		c. CITY OR TOWN <u>El Dorado Spgs, Mo</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) <u>3711 S.W. El Dorado</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>3711 S.W. El Dorado</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Middle Last <u>CLARENCE-FREMONT-WARREN</u>				4. DATE OF DEATH Month Day Year <u>1-20-1961</u>									
5. SEX <u>M</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>3-6-1886</u>		9. AGE (last birthday) <u>74</u>		IF UNDER 1 YEAR Months Days <u>10 14</u>		IF UNDER 24 HR Hours Min. <u>14</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and state or country) <u>MANKATO-Minnesota</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>					
13a. FATHER'S NAME <u>T. F. Warren</u>				13b. MOTHER'S MAIDEN NAME <u>Hannah Johnson</u>				14. NAME OF HUSBAND OR WIFE <u>Ina N. Warren</u>					
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. <u>487-12-2998</u>		17. INFORMANT Address <u>Ina N. Warren, El Dorado Spgs, Mo</u>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:										INTERVAL BETWEEN ONSET AND DEATH			
IMMEDIATE CAUSE (a) <u>Sepsis</u>										<u>2 days</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) <u>Decubital cellulitis -due to prolonged recumbency.</u>							<u>1 month</u>			
			DUE TO (c) <u>Arteriosclerosis and senile encephalomalacia</u>							<u>1 year</u>			
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 checked="" 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 a.m. p.m. 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 <u>1-17-61</u> to <u>1-20-61</u> and last saw him alive on <u>1-20-61</u> Death occurred at <u>12:30P</u> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <u>Ernest Barrett D.O.</u>						22b. ADDRESS <u>127 W. Spring St., El Dorado Spgs</u>				22c. DATE SIGNED <u>1-25-61</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>1-23-61</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Clintonville Cem</u>			23d. LOCATION (City, town, or county) (State) <u>El Dorado Spgs, Mo</u>						
24. FUNERAL DIRECTOR ADDRESS <u>Dr. O Long, Jerns Spgs, Mo</u>				25. DATE RECD. BY LOCAL REG. <u>1-28-1961</u>		26. REGISTRAR'S SIGNATURE <u>Deputy</u>							

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 *J. D. Long*

Licensed Embalmer No. 3714

P. O. Address *Jessie St. New*

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.