MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=61=035829
STATE FILE NUMBER

AMENDED

Registration District No. 31 Primary Registration District No. 5106 Registrar's No. 26

FILED OCT 31 1961

1. PLACE OF DEATH
a. COUNTY: Benton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Lakeview Height — Length of stay in 1b: 26 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: "Cole Township" — Inside Limits: Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print): First: FRANK Middle: G Last: WARREN

4. DATE OF DEATH: Month: Oct Day: 19 Year: 1961

5. SEX: MALE
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Feb 11, 1888
9. AGE (last birthday): 73
IF UNDER 1 YEAR: Months: 8 Days: 8
IF UNDER 24 HR: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): County Probate Judge
10b. KIND OF BUSINESS OR INDUSTRY: Atty at Law
11. BIRTHPLACE (City and state or country): Laurence, Kansas
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Charles E. Warren
13b. MOTHER'S MAIDEN NAME: Nina L. Funk
14. NAME OF HUSBAND OR WIFE: Alene Warren

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

17. INFORMANT: Alene Warren Address: Rt 2 Lincoln, 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): Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 45 mins.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): arteriosclerosis, generalized — ?
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. ☐ 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 1955, to 1961 and last saw him alive on 10-18-61
Death occurred at 7:00 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: E. Rhodes MD (Degree or title)
22b. ADDRESS: Warsaw, Missouri
22c. DATE SIGNED: 10-23-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Oct 21, 1961
23c. NAME OF CEMETERY OR CREMATORY: Mount Moriah
23d. LOCATION (City, town, or county) (State): Kansas City Jackson Co. Mo

24. FUNERAL DIRECTOR: John F Reser ADDRESS: Warsaw
25. DATE RECD. BY LOCAL REG.: 10-23-61
26. REGISTRAR'S SIGNATURE: E. L. Eckhoff

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

MEDICAL CERTIFICATION

OCT 31 1961

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 John F Reser

Licensed Embalmer No. 4098

P. O. Address Warsaw

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.