

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-043400

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 366 Primary Registration District No. _____ Registrar's No. 69

AMENDED

FILED NOV 30 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Washington</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CONCORD</u>		c. CITY OR TOWN <u>St. Louis</u>	
Length of stay in 1b <u>ENROUTE</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Hwy U.</u>		d. STREET ADDRESS (If outside, give location) <u>2318 Albion Place</u>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Carol Sue Warren</u>			4. DATE OF DEATH Month Day Year <u>Nov. 26, 1961</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1-23-1959</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <u>22 mo.</u>
			IF UNDER 1 YEAR Months Days Hours Min. <u>22 mo.</u>
		11. BIRTHPLACE (City and state or country) <u>St. Louis, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Ronald Rance Warren</u>		13b. MOTHER'S MAIDEN NAME <u>Melba Rose Kindel</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT Address <u>Henry Yadon, Irondale, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Drowning</u>			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 checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>auto accident into river</u>	
20c. TIME OF INJURY Hour Month, Day, Year <u>12:15 p.m. 11-26-61</u>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>near Irondale Wash Mo.</u>
21. attended the deceased from to and last saw him <u>alive on</u> Death occurred at <u>12:15 PM 11-26-61</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>D. L. Gibson D.C. Coronar</u>		22b. ADDRESS <u>Potosi, Mo.</u>	22c. DATE SIGNED <u>11-28-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BUCIAL</u>	23b. DATE <u>12-1-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>WHITE OAK GROVE</u>	23d. LOCATION (City, town, or county) (State) <u>WASHINGTON Co. Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>GUM & SON Potosi, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>11-28-61</u>	26. REGISTRAR'S SIGNATURE <u>Alvin K. Ball</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 William H. Gunn

Licensed Embalmer No. 5155

P. O. Address Latonia, M.

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.