

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-012613

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 254 Primary Registration District No. 5877 Registrar's No. 20

STATE FILE NUMBER

FILED MAR 20 1963

1. PLACE OF DEATH a. COUNTY Oregon b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Alton Length of stay in 1b Life c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Alton Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Oregon c. CITY OR TOWN Alton Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (if outside, give location) Alton Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
3. NAME OF DECEASED First Middle Last Amos Everette Warren (Type or print)			4. DATE OF DEATH Month Day Year March 13, 1963			
5. SEX Male		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		
8. DATE OF BIRTH 1-5-1898		9. AGE (last birthday) 65		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Oregon County, Mo.	
12. CITIZEN OF WHAT COUNTRY USA						
13a. FATHER'S NAME Will Warren			13b. MOTHER'S MAIDEN NAME Thone Gates		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) No			16. SOCIAL SECURITY NO. [Redacted]		17. INFORMANT Address George Warren Rt. 2 Alton, Mo.	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Involvement Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Virus Infection Relapse DUE TO (c) Senile Body Changes						
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 SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Alton Oregon Mo.		COUNTY STATE		
21. I attended the deceased from <u>3-1-63</u> to <u>3-13-63</u> and last saw him <u>live on 3-13-63</u> Death occurred at <u>2:00 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) 			22b. ADDRESS D.O. Alton, Mo.		22c. DATE SIGNED 3-14-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3/16/1963		23c. NAME OF CEMETERY OR CREMATORY Bailey Chapel Cemetery Oregon County, Missouri		
24. FUNERAL DIRECTOR ADDRESS Carter Funeral Home Thayer, Mo.			25. DATE RECD. BY LOCAL REG. 3-15-63		26. REGISTRAR'S SIGNATURE 	

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

Burial Permit Obtained 3-15-63
Ray D. Walker per R.H.

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 Jerry Cravens

Licensed Embalmer No. 5050

P. O. Address Shaver Mo

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.