

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-032496

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4548 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

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Rev. 4/59

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AMENDED

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF Donald McFarland

USE BLACK INK OR TYPEWRITER RIBBON

FILED SEP 11 1963	
1. PLACE OF DEATH	
a. COUNTY JACKSON	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY	a. STATE MISSOURI b. COUNTY JACKSON
Length of stay in Ib 54 YEARS	c. CITY OR TOWN KANSAS CITY
c. FULL NAME OF (If NOT in hospital, give location) ST LUKE'S HOSPITAL	d. STREET ADDRESS (If outside, give location) 337 W. 46th TERRACE
3. NAME OF DECEASED (Type or print)	4. DATE OF DEATH
First Middle Last AGNES IRENE WARREN	Month Day Year AUGUST 13 1963
5. SEX FEMALE	6. COLOR OR RACE WHITE
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH OCT. 14, 1893
9. AGE (last birthday) 69	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED OFFICE MANAGER
10b. KIND OF BUSINESS OR INDUSTRY MOVING & STORAGE CO.	11. BIRTHPLACE (City and state or country) ONTARIO, CANADA
12. CITIZEN OF WHAT COUNTRY U.S.A.	13a. FATHER'S NAME J. A. DAVIS
13b. MOTHER'S MAIDEN NAME ANNA Mc KAY	14. NAME OF HUSBAND OR WIFE GLENN T. WARREN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. [REDACTED]
17. INFORMANT GLENN T. WARREN	Address 337 W. 46th TERRACE
18. CAUSE OF DEATH (Enter only one cause per line)	
PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a)	Myocardial Infarction -
INTERVAL BETWEEN ONSET AND DEATH 4 weeks	
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 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 July 23, 1963 to Aug. 13, 1963 and last saw her alive on Aug. 13, 1963 Death occurred at 4:12 P. m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Donald McFarland M.D.	22b. ADDRESS 4320 Wornall Rd. K.C. Mo.
22c. DATE SIGNED 8-14-63.	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE AUG. 16, 1963
23c. NAME OF CEMETERY OR CREMATORY MOUNT MORIAN CEMETERY	23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS, KANSAS CITY, MO.	25. DATE RECD. BY LOCAL REG. 8-14-63
26. REGISTRAR'S SIGNATURE Ruth Long	

Rev. W. Donald McFarland
4320 Norwalk Rd.

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 Vern Lawler

Licensed Embalmer No. 4915

P. O. Address K.C. 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.