

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

67-0025635

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 3336 Primary Registration District No. 6128 Registrar's No. 3

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUN 19 1967

1. PLACE OF DEATH
a. COUNTY Shannon

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Shannon

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Eminence Length of stay in 1b

c. CITY OR TOWN Eminence Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Eminence, Missouri Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) Eminence, Missouri Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Iveron Middle M. Last Warren

4. DATE OF DEATH Month June Day 8 Year 1967

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced

8. DATE OF BIRTH 12/6/1915 9. AGE (last birthday) 51

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer 10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Eminence, Missouri 12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME Tom Warren 13b. MOTHER'S MAIDEN NAME Rosa Sherrell 14. NAME OF HUSBAND OR WIFE

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. 489-12-3016 17. INFORMANT Carol B. Smith Address Omaha, Nebraska

18. CAUSE OF DEATH (Enter only one cause per line (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Removal due to ligation of left radial artery INTERVAL BETWEEN ONSET AND DEATH 10 min.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Non-fatal bullet wounds of right and left temple areas (scalp). 20 min.

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 (Refer to report of injury in PART I or PART II (item 18). Ligation of left radial artery causing fatal hemorrhage. Non-fatal wounds of right and left temple areas (scalp).

20c. TIME OF INJURY Hour 8 a.m. p.m. Month 6 Day 8 Year 1967

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building) In the country 20f. CITY, TOWN, OR LOCATION Eminence COUNTY Shannon STATE Mo.

21. I attended the deceased from Nov 16, 1967 to June 11, 1967 and last saw him alive on June 7, 1967. Death occurred at 8 o'clock on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Denton Wilson, M.D. (Coroner) 22b. ADDRESS Eminence, Mo. 22c. DATE SIGNED 6-13-67

23a. BURIAL, CREMATION, REBURY (Specify) Burial 23b. DATE 6/11/1967 23c. NAME OF CEMETERY OR CREMATORY New Eminence Cemetery 23d. LOCATION (City, town, or county) (State) Eminence, Missouri

24. FUNERAL DIRECTOR Duncan Funeral Home ADDRESS Mtn. View, Mo. 25. DATE RECD. BY LOCAL REG. 6-16-1967 26. REGISTRAR'S SIGNATURE Mabel Packer

VS 300 Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

Permit Permit Prior to Burial

JUN 20 1967

[Handwritten scribbles and illegible text]

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: Carl D. Bell

Licensed Embalmer No. 5368

P. O. Address W. York, Md.

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.