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FILED JUN 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16819

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 170

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell Hospital		d. STREET ADDRESS (If rural, give location) Rt. 1, Hughesville, Mo.	

3. NAME OF DECEASED (Type or Print) a. (First) RICHARD H. b. (Middle) VARDEMAN c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) May 22, 1949
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 25, 1871	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months 5 Days 27	IF UNDER 48 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired RR Section	10b. KIND OF BUSINESS OR INDUSTRY Foreman, R.R.	11. BIRTHPLACE (State or foreign country) Frankfort, Kentucky /	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Thomas Vardeman	13b. MOTHER'S MAIDEN NAME Cornelia Gaines	14. NAME OF HUSBAND OR WIFE Mary C. Smith
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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. ----	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jerry T. Vardeman, Rt.1, Hughesville
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 54 hours.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage.		
	ANTECEDENT CAUSES DUE TO (b) Senility- Arterio-Sclerosis and Chronic Myocarditis. DUE TO (c) 		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		None other.	331X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION None.	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) None.	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from **over 3 years**, to **May 22nd, 1949**, that I last saw the deceased alive on **May 21st, 1949**, and that death occurred at **7 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Jno. B. Carlisle, M.D.	23b. ADDRESS Sedalia, Missouri.	23c. DATE SIGNED 5-23-49.
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/24/49	24c. NAME OF CEMETERY OR CREMATORY Nelson Cemetery	24d. LOCATION (City, town, or county) (State) Nelson, Mo.
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DATE RECD BY LOCAL REG. 5/24/49	REGISTRAR'S SIGNATURE Betty Yaeger Deputy	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm. E. Evans Sedalia, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

MAY 31 RECD

MAY 31 8 AM

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 6-2-49

RECEIVED

MAY 31

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 _____

RICHARD D. CONN

Student Embalmer No. 261

working under my personal supervision.

Signed Richard D. Conn
Student Embalmer

Signed Francis Ewing
Licensed Embalmer No. 3847

P. O. Address Delaware

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 this body is not embalmed, fact should be so stated above.