

FILED MAY 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12328

State File No.

0390

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5467 Registrar's No. 400

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If rural, give name of RURAL and give township) OR TOWN <u>Rural - FRANKLIN</u>		c. CITY (If rural, give name of RURAL and give township) OR TOWN <u>Rural - FRANKLIN</u> <u>1390</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Pleasant Hope Rt. 1</u>		d. STREET ADDRESS (If rural, give location) <u>Pleasant Hope Rt. 1</u> <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JACOB</u> b. (Middle) <u>ROBERT</u> c. (Last) <u>WADSWORTH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May</u> <u>5</u> , <u>1951</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 28, 1871</u>		9. AGE (In years last birthday) <u>79</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Grand River Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>William Wadsworth</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Eva Wadsworth</u>
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>	16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <u>500-01-9788</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Robert Wadsworth Spfld. Rt 1</u>	ADDRESS
--	--	---	---------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Degenerating & Decompensating Heart</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Nephritis</u> <u>4222</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-29, 1950, to 5-4, 1951, that I last saw the deceased alive on 4/30, 1951, and that death occurred at 12:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>C E Fuller M D O</u>	23b. ADDRESS <u>609 Cherry Springfield</u>	23c. DATE SIGNED <u>5-7-51</u>
--	--	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 7 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Comfort Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>North of Springfield, Mo</u>
---	-----------------------------	--	---

DATE REC'D BY LOCAL REG. <u>5-8-51</u>	REGISTRAR'S SIGNATURE <u>W E Handley M D</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J.W. Klingner & Co.</u>	ADDRESS <u>Springfield, Mo</u>
--	--	---	--------------------------------

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed _____

Max Rhodes

Licensed Embalmer No. _____

4071

P. O. Address _____

Springfield

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.