

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37087

FILED NOV 27 1951

BIRTH NO. _____		REG. DIST. NO. <u>139</u>		PRIMARY REG. DIST. NO. <u>5536</u>		Registrar's No. <u>80</u>			
1. PLACE OF DEATH a. COUNTY <u>HOLT</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>HOLT</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>OREGON-RURAL</u>		c. LENGTH OF STAY (In this place) <u>2 YRS.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NEW POINT</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALICE</u>			b. (Middle) <u>IRENE</u>		c. (Last) <u>WARDLOW</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 11 1951</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>		8. DATE OF BIRTH <u>JULY 13 1938</u>		9. AGE (In years last birthday) <u>13</u> IF UNDER 1 YEAR Months Days IF UNDER 1 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SCHOOL GIRL</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>CRAIG, MO. 0</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>WILLIAM WARDLOW</u>			13b. MOTHER'S MAIDEN NAME <u>ALICE HAYZLETT</u>			14. NAME OF HUSBAND OR WIFE <u>NONE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. MELVIN BRICKEY FOREST CITY, MO.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>INTERNAL INJURIES CAUSED BY CAR WRECK.</u>				ANTECEDENT CAUSES				<u>INSTANT.</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: <u>DUE TO (b) NONE.</u>					
				DUE TO (c) <u>E8164 20</u>					
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death.					
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) <u>ACCIDENT</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hwy 215 7 mi. N. of Oregon, Mo.</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>HOLT, MISSOURI</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>2 CAR COLLISION 844</u>					
22. I hereby certify that I attended the deceased from <u>NO</u> , 19 <u>51</u> , to <u>NO</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>NO</u> , 19 <u>51</u> , and that death occurred at <u>11:45 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Howard E. Cobain</u> (Degree or title) <u>A.O.D. Co. Cover Holt Co., Oregon, Mo.</u>					23b. ADDRESS		23c. DATE SIGNED <u>11-12-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>NOV. 15, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ANTIOCH</u>		24d. LOCATION (City, town, or county) (State) <u>FILMO RE, MO.</u>			
DATE REC'D BY LOCAL REG. <u>Nov 15, 1951</u>		REGISTRAR'S SIGNATURE <u>D. J. Tracy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James H. Pettigrew</u> ADDRESS <u>Oregon 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 James H. Pittjahn

Licensed Embalmer No. 3192

P. O. Address Oregon 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 this body is not embalmed, fact should be so stated above.