

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29100

State File No.

FILED AUG. 25 1952

BIRTH NO. _____ REG. DIST. NO. 199 PRIMARY REG. DIST. NO. 6628 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>REYNOLDS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>REYNOLDS</u>	
b. CITY OR TOWN <u>RURAL LESTERVILLE MO</u>		c. CITY OR TOWN <u>RURAL</u> <u>0900</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>2 MI WEST OF LESTERVILLE</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>LORBET</u> b. (Middle) _____ c. (Last) <u>WADLOW</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>8 15 52</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MARCH 7 1890</u>	9. AGE (In years last birthday) <u>62</u>	10. UNDER 1 YEAR Months <u>5</u> Days <u>8</u>	11. UNDER 24 HRS. Hours _____ Min. _____
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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	11. BIRTHPLACE (State or foreign country) <u>REYNOLDS CO. MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>CHARLES WADLOW</u>	13b. MOTHER'S MAIDEN NAME <u>ELIZABETH WADLOW</u>	14. NAME OF HUSBAND OR WIFE <u>NAOMI WADLOW</u>
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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) <u>NO</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>NAOMI WADLOW</u>	ADDRESS <u>LESTERVILLE</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 yr.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MULTIPLE SCLEROSIS</u>		
	ANTECEDENT CAUSES DUE TO (b) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		
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 <u>203X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) (Min.)	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 5-10, 1952, to 8/15, 1952, that I last saw the deceased alive on 8/14, 1952, and that death occurred at 11:00 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. M. Fitzpatrick M.D.</u>	(Degree or title)	23b. ADDRESS <u>Lester ville Mo.</u>	23c. DATE SIGNED <u>8/19/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>8-17-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>RAYFIELD</u>	24d. LOCATION (City, town, or county) (State) <u>LESTERVILLE MO</u>
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DATE REC'D BY LOCAL REG. <u>8/19/52</u>	REGISTRAR'S SIGNATURE <u>E. M. Fitzpatrick</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>WHITE FUNERAL HOME</u>	ADDRESS <u>INDENTON MO</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

1965

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 *Arvid J. White*

Licensed Embalmer No. *3012*

P. O. Address *Smiths Hill*

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.