

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9591

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>137</u>		PRIMARY REG. DIST. NO. <u>3823</u>		Registrar's No. <u>1022</u>			
1. PLACE OF DEATH a. COUNTY <u>Henry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>					
b. CITY OR TOWN <u>Clinton mo.</u>		c. LENGTH OF STAY (If this place) <u>2 days</u>		c. CITY OR TOWN <u>Brownington mo</u>		d. STREET ADDRESS <u>65 More</u> (If rural, give location) <u>0420</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wetzel Hosp.</u>				3. NAME OF DECEASED a. (First) <u>Everett</u> b. (Middle) <u>AMOS</u> c. (Last) <u>WARDRIP</u>					
4. DATE OF DEATH (Month) (Day) (Year) <u>April 7, 1953</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>August 10, 1882</u>		9. AGE (In years last birthday) <u>71</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>			
11. BIRTHPLACE (State or foreign country) <u>Piquemville mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Perry &amp; Wardrip</u>		13b. MOTHER'S MAIDEN NAME <u>Alie P. P. P.</u>			
14. NAME OF HUSBAND OR WIFE <u>Kattie L Wardrip</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>500-10-5814</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Kattie L Wardrip</u> ADDRESS <u>Brownington mo</u>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES <u>B. Bronchial pneumonia</u> MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (a) <u>B. Bronchial pneumonia</u> DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> <u>2 days</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) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>331X</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 <u>1-21</u> , 19 <u>53</u> , to <u>4-7</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>4-7</u> , 19 <u>53</u> , and that death occurred at <u>1:50 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>R. J. Powell mo</u> (Degree or title)				23b. ADDRESS <u>Clinton mo.</u>		23c. DATE SIGNED <u>4-8-53</u>			
24a. BURIAL, CREMATION REMOVAL (Specify) <u>burial</u>		24b. DATE <u>April 10 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maplewood</u>		24d. LOCATION (City, town, or county) (State) <u>Brownington mo</u>			
DATE REC'D BY LOCAL REG. <u>April 10-53</u>		REGISTRAR'S SIGNATURE <u>Florence Adams</u>		422 25. FUNERAL DIRECTOR'S SIGNATURE <u>Edwards &amp; Danning</u> ADDRESS <u>Clinton mo</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

422  
C

APR 24 1959

MAY 7 1959

JUN 1 1959

**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 Robert L. Dunning

Licensed Embalmer No. 4710

P. O. Address Clinton 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.