No. 300
10.48

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

FILED APR 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9218

BIRTH NO. _____ REG. DIST. NO. 300 PRIMARY REG. DIST. NO. 4449 Registrar's No. 7

1. PLACE OF DEATH
a. COUNTY: Reynolds
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ellington
c. LENGTH OF STAY (in this place): 92 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Own Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Reynolds 0900
c. CITY OR TOWN: Ellington
Is Residence within limits of a city or incorporated town? Yes ✗ No
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Sally
b. (Middle):
c. (Last): Wadlow

4. DATE OF DEATH (Month) (Day) (Year): Apr 1 55

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: May 1, 1862
9. AGE (In years last birthday): 92 — If under 1 year: Months 11; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and State or Foreign Country): Reynolds County Mo
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Andrew Chitwood
13b. MOTHER'S MAIDEN NAME: Betty Cotton
14. NAME OF HUSBAND OR WIFE: John W. Wadlow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mamie Camden
ADDRESS: Ellington

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral apoplexy — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) hypertension
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: 334 X
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 5.45 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE: A. F. Bugg, M.D. (Degree or title)
23b. ADDRESS: Ellington, Mo
23c. DATE SIGNED: 4/2/55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr 3 55
24c. NAME OF CEMETERY OR CREMATORY: Ellington
24d. LOCATION (City, town, or county) (State): Ellington, Mo

DATE REC'D BY LOCAL REG.: 4/5/55
REGISTRAR'S SIGNATURE: Essie Evans 276
25. FUNERAL DIRECTOR'S SIGNATURE: Chas S. Pearl
ADDRESS: Ellington, Mo

(Licensed Embalmer's Statement on Reverse Side)

Received 4-11-55
Reynolds County Health C
File No. 455 - 11

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Geo. S. Pavitt

Licensed Embalmer No. 457

P. O. Address Ellington,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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