

FILED MAR 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9779

71

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5725 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Macon Rural</u>		c. CITY OR TOWN <u>Bevier</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>01610</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Thomas</u>	b. (Middle) <u>Y.</u>	c. (Last) <u>WARDLE</u>	4. DATE OF DEATH (Month) <u>2</u> (Day) <u>22</u> (Year) <u>56</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>9-23-25</u>	9. AGE (In years last birthday) <u>30</u>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Coal Miner</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Roske Springs, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Ben Gravelle</u>	13b. MOTHER'S MAIDEN NAME <u>Lily Roberts</u>	14. NAME OF HUSBAND OR WIFE
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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>McNabbe Edward J. Sr.</u>	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
	MEDICAL CERTIFICATION <u>Decompensated Co. Pulm. with</u>		
	ANTECEDENT CAUSES *forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO <u>Advanced Pulm. Infection 10 yrs</u> DUE TO <u>Chronic Bronchial Asthma 15 yrs</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Tuberculosis</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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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?
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22. I hereby certify that I attended the deceased from 1950, 19 , to 2-22-1956, that I last saw the deceased alive on 2-21-, 1956, and that death occurred at 2:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Type or Print) <u>E. L. Surden, D.O.</u>	23b. ADDRESS <u>Macon</u>	23c. DATE SIGNED <u>2-28-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Normal</u>	24b. DATE <u>2/28/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Conf. cat. wood cm</u>	24d. LOCATION (City, town, or county) (State) <u>Bevier Mo</u>
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DATE REC'D BY LOCAL REG. <u>3-1-56</u>	REGISTRAR'S SIGNATURE <u>Neil McKeely</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. S. Edwards</u>	ADDRESS <u>Bevier Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

850

RECEIVED 3.13.54
MACON COUNTY HEALTH DEPARTMENT
County File No. 3.56.45
Date Filed 3.14.56

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.....
Signature of Student Embalmer

Signed *J. G. Edwards*.....

Licensed Embalmer No. 1961

P. O. Address *Perkins*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.