

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30779**

No. 300
10-48

FILED OCT 15 1957

BIRTH NO. _____ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 5071 Registrar's No. 83

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission?) a. STATE Missouri b. COUNTY Barton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Nashville Twp. 50 yr		c. CITY OR TOWN Jasper	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6 1/2 miles N.W. of Jasper		e. STREET ADDRESS (If rural, give location) 6 1/2 Miles N.W. of Jasper	

3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) Thorton c. (Last) Wardlow			4. DATE OF DEATH (Month) (Day) (Year) Sept. 13, 1957		
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5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Dec. 28, 1872		9. AGE (In years last birthday) 84		IF UNDER 1 YEAR Months Days		IF 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) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Agriculture		11. BIRTHPLACE (City and State or Foreign Country) Plumas County, Iowa.				12. CITIZEN OF WHAT COUNTRY? U.S.	
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13a. FATHER'S NAME Robert N. Wardlow		13b. MOTHER'S MAIDEN NAME Susanna Heaton		14. NAME OF HUSBAND OR WIFE Laura Palmer	
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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) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mr. A. M. Wardlow, Jasper, Mo.		ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH Minutes	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute coronary thrombosis							
		ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) Arteriosclerotic heart disease						6 Years	
		DUE TO (c)							
		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> Chronic pyelocystitis						3 years	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4 200				20. AUTOPSY? <input checked="" type="checkbox"/> 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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		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 6/30, 1951, to 9/13, 1957, that I last saw the deceased alive on 6/29, 1957, and that death occurred at 9:00 a. m., from the causes and on the date stated above.

23a. SIGNATURE <i>W. H. Shell</i>		(Degree or title) M. D.		23b. ADDRESS Carthage, Missouri		23c. DATE SIGNED 9/20/57	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 15, 1957		24c. NAME OF CEMETERY OR CREMATORY Waters Cemetery		24d. LOCATION (City, town, or county) (State) Barton County, Mo.	
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DATE REC'D BY LOCAL REG. OCT 9 - 57		REGISTRAR'S SIGNATURE <i>Marie Konantz</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Martin Selvey</i>		ADDRESS Jasper, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

4-0

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 *Edw. W. Newcomb*.....

Licensed Embalmer No. *4671*

P. O. Address *Rockwood, Tenn.*

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.