Health, Welfare Public Service

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-029639
STATE FILE NUMBER 52

FILED AUG 19 1958 Registration District No. 200 Primary Registration District No. 3041 Registrar's No.

1. PLACE OF DEATH
a. COUNTY: Macon
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Macon — Inside Limits Yes ☑ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 111 Prairie — Length of stay in Hospital: 1 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Macon
c. CITY OR TOWN: Macon 6611 — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 111 Prairie — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: Charles Middle: Lawrence Last: Wardell
4. DATE OF DEATH: Month: July Day: 30 Year: 1958
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH: May 13, 1863
9. AGE (In years last birthday): 95 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Coal Miner
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Helena Wyoming
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: John Wardell
13b. MOTHER'S MAIDEN NAME: Sarah Barnes
14. NAME OF HUSBAND OR WIFE: Dec.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: No.
17. INFORMANT: Margaret Wardell Address: Macon, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Chronic Endocarditis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): Chronic Nephritis.
DUE TO (c): 592X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from July 2, 1958 to July 30 1958 and last saw him alive on July 29 1958.
Death occurred at 4:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: C D Edwards (Degree or title) D.O.
22b. ADDRESS: Macon Mo
22c. DATE SIGNED: Aug 4 1958

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Aug. 2, 1958
23c. NAME OF CEMETERY OR CREMATORY: St. Marys Cem.
23d. LOCATION (City, town, or county) (State): Macon, Mo.

24. FUNERAL DIRECTOR: Lester Hutton ADDRESS: Macon, Mo.
25. DATE RECD. BY LOCAL REG.: 8/6/58
26. REGISTRAR'S SIGNATURE: Curtis McNeely

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Date Filed 8-12-58

JAN FEB 3 1960

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 Charles L. Hutton

Licensed Embalmer No. 4577

P. O. Address Macon, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure mply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
f this body is not embalmed, fact should be so stated above.