

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039399
STATE FILE NUMBER

NOV 24 1958

Registration District No. 100 Primary Registration District No. 301 Registrar's No. 103

300
1-57

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|---|----------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY Dent | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dent | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Salem | | c. CITY OR TOWN Salem | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Park Ave | | d. STREET ADDRESS (If outside, give location) 033/ Park Ave | |
| 3. NAME OF DECEASED (Type or print) First Fred Middle Asa Last Worden | | 4. DATE OF DEATH Month Nov Day 15 Year 1958 | |
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Dec 15 1884 |
| 10a. USUAL OCCUPATION (Give kind of work done in home or working life, even if retired) Watchman | | 10b. KIND OF BUSINESS OR INDUSTRY National Lead | 9. AGE (In years birthday) 73 |
| 11. BIRTHPLACE (City and state or country) Dent Co Mo | | 12. CITIZEN OF WHAT COUNTRY? U S A | |
| 13a. FATHER'S NAME George Warden | | 13b. MOTHER'S MAIDEN NAME Mary Ann Schmidkie | 14. NAME OF HUSBAND OR WIFE Pollie Pace |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (No, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. 333 03 5561 | |
| 17. INFORMANT Address Mrs Fred A Warden Salem Mo | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Thrombosis | | | INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary ATHEROSCLEROSIS | | | |
| DUE TO (c) GENERALIZED ARTERIOSCLEROSIS | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201 | | | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 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. | | | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 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 11/15/58 to 11/15/58 and last saw him alive on _____ Death occurred at 3 PM on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE B. J. Bass MD. (Degree or title) | | 22b. ADDRESS Salem Mo | 22c. DATE SIGNED 11/17/58 |
| 23a. BURIAL, CREMATION, REINTERMENT Burial | 23b. DATE 11-18-58 | 23c. NAME OF CEMETERY OR CREMATORY Cedar Gr ve Cem | 23d. LOCATION (City, town, or county) Salem Mo (State) |
| 24. FUNERAL DIRECTOR Spencer Funeral Home ADDRESS Salem Mo | | 25. DATE RECD. BY LOCAL REG. 11/17/58 | 26. REGISTRAR'S SIGNATURE M. M. Hart, M.D. by A.M. |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

NOV 8 5 1958

MS NOV 15 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 *Carl H. J...*

Licensed Embalmer No. *2371*

P. O. Address *...*

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.