THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000035
STATE FILE NUMBER

FILED JAN 26 1959 Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 18

| | |
|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY Adair | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY Adair |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville — Inside Limits Yes ☒ No ☐ | c. CITY OR TOWN Kirksville 805 E. Harrison — Inside Limits Yes ☐ No ☐ |
| c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Stickler Hosp. — Length of stay in 1b 6 mos. | d. STREET ADDRESS (If outside, give location) 805 E. Harrison — Reside on Farm Yes ☐ No ☐ |

3. NAME OF DECEASED (Type or print): First Moses Middle T. Last Warden

4. DATE OF DEATH: Month 1/12/59 Day Year

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: 6/13/1867

9. AGE (In years last birthday): 91 — 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): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (City and state or country): Oakland, Ill.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edward H. Warden

14. MOTHER'S MAIDEN NAME: Mary Burwell

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: Mrs. Lyle Warden 406 N. Frankl in Kirksville, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Gangrene - feet - Dry — INTERVAL BETWEEN ONSET AND DEATH 2 mos

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) arteriosclerosis
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 4501

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 6-21-58, to 1-12-59 and last saw ~~her~~ him alive on 1-12-59
Death occurred at 1:55 a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): R O Stickler MD

22b. ADDRESS: Kirksville Mo

22c. DATE SIGNED: 1-13-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 1/14/59

23c. NAME OF CEMETERY OR CREMATORY: Maple Hills Cemetery

23d. LOCATION (City, town, or county) (State): Kirksville, Mo.

24. FUNERAL DIRECTOR ADDRESS: Davis & Davis-Kirksville

25. DATE RECD. BY LOCAL REG.: 1-17-1959

26. REGISTRAR'S SIGNATURE: Doris W. Ratliff

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

R. O. STICKLER, MD

JAN 27 1955

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Robert B. Davis

Licensed Embalmer No. 42

P. O. Address Kirksville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.