Health, & Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-000050
STATE FILE NUMBER

FEB 2 1959 Registration District No. 002 Primary Registration District No. _____ Registrar's No. _____

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

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Andrew
c. CITY OR TOWN: Fillmore 0020 — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: IRA Middle: Last: WARDLOW

4. DATE OF DEATH Month: Jan. Day: 16. Year: 1959

5. SEX: male 0

6. COLOR OR RACE: white

7. MARRIED ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: Aug. 15, 1882

9. AGE (In years last birthday): 76 — 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): farmer

10b. KIND OF BUSINESS OR INDUSTRY: own farm

11. BIRTHPLACE (City and state or country): Andrew Co., Mo. 0

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Milton Wardlow

13b. MOTHER'S MAIDEN NAME: Laura Killin

14. NAME OF HUSBAND OR WIFE: Bessie Wardlow

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown): no (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 489-40-7960

17. INFORMANT Address: Mrs. Bessie Wardlow, Fillmore, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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) Cerebrovascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 1 hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cerebral Thrombosis — "
DUE TO (c) Arteriosclerotic Hypertension — unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 332.X

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 Sept. 1958, to Jan 16, 1959 and last saw ~~her~~ him alive on Jan 16, 1959
Death occurred at 11:00 PM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): J. F. Sweeney M. D.

22b. ADDRESS: Oregon, Mo

22c. DATE SIGNED: 1-23-59

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

23b. DATE: Jan. 19, 1959

23c. NAME OF CEMETERY OR CREMATORY: Fillmore Cemetery

23d. LOCATION (City, town, or county) (State): Fillmore, Missouri

24. FUNERAL DIRECTOR ADDRESS: Brist Funeral Home, Savannah, Mo.

25. DATE RECD. BY LOCAL REG.: 1-23-59

26. REGISTRAR'S SIGNATURE: Lillian Spaulding

(Licensed Embalmer's Statement on Reverse Side)

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.

FEB 17 1959

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 James B. Hawkins

Licensed Embalmer No. 4536

P. O. Address Savannah

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.