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FILED OCT 22 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32504**

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

BIRTH NO. _____		REG. DIST. NO. <u>11</u>		PRIMARY REG. DIST. NO. <u>5041</u>		Registrar's No. <u>77</u>	
1. PLACE OF DEATH a. COUNTY <u>Barry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>XXXX Mo.</u> b. COUNTY <u>Barry</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Flat Creek twp.</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Twp: Flat Creek</u>		<u>0056</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 mi. S. of Cassville,</u>				d. STREET ADDRESS (If rural, give location) <u>3 mi. S. of Cassville.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Aubrey</u>		b. (Middle) _____		c. (Last) <u>Wardlaw</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 8, 1951</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Unknown</u>	
8. DATE OF BIRTH <u>July 11, 1917</u>		9. AGE (In years last birthday) <u>34</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer &amp; Soldier</u>		11. BIRTHPLACE (State or foreign country) <u>Cassville, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>William F. Wardlaw</u>		13b. MOTHER'S MAIDEN NAME <u>Nella Chaney</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War II</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>William F. Wardlaw, Cassville, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Phomaine Poison</u>				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  <u>0492</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. KIND OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
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?			
22. I hereby certify that I attended the deceased from <u>Oct 8, 1951</u> , to <u>Oct 8, 1951</u> , that I last saw the deceased alive on <u>Oct 5, 1951</u> , and that death occurred at <u>12:20 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Glenn H. Salyer M.D.</u>				23b. ADDRESS <u>Cassville, Mo.</u>		23c. DATE SIGNED <u>Oct. 11-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1012-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Salem Cemetery.</u>		24d. LOCATION (City, town, or county) (State) <u>Barry County, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>10-12-1951</u>		REGISTRAR'S SIGNATURE <u>Grace Williams</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. C. Noon, Cassville, Mo.</u>			

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED OCT 15 1951  
Dist. File 10-22-1832  
Date Filed 10-27-51

OCT 22 1951

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 \_\_\_\_\_

working under my personal supervision.

Student embalmer No. ....

Signed.....  
Student Embalmer

Signed W. C. Koon

Licensed Embalmer No. 435-9

P. O. Address Cassville, Mo.

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 this body is not embalmed, fact should be so stated above.