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FILED APR 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3052

BIRTH NO. _____ REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 5655 Registrar's No. 785

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Holt	
b. CITY OR TOWN Mt. Vernon		c. CITY OR TOWN Rural - Clay township	
c. LENGTH OF STAY (in this place) 10 mos.		d. STREET ADDRESS (If rural, give location) 2 miles west of Maitland	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri State Sanatorium			

3. NAME OF DECEASED (Type or Print)	a. (First) Helen	b. (Middle) Marie	c. (Last) Wardlow	4. DATE OF DEATH (Month) (Day) (Year) March 20 1949
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Nov. 4, 1927	9. AGE (In years last birthday) 21	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Amazonia, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME William Wardlow	13b. MOTHER'S MAIDEN NAME Alice Hayzlett	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 486-32-3539	17. INFORMANT'S SIGNATURE OR NAME E. McMichael Record Clerk	ADDRESS Mo. State San. Mt. Vernon, Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Abt 2 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from **Sept. 10, 1947, to March 20, 1949**, that I last saw the deceased alive on **Mar 20, 1949**, and that death occurred at **2:45 a m.**, from the causes and on the date stated above.

23a. SIGNATURE E. McMichael (Degree or title) U	23b. ADDRESS Mount Vernon, Missouri	23c. DATE SIGNED Mar 20, 1949
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24a. BURIAL, CREMATION, REMOVAL (Specify) Buried	24b. DATE 3-22-49	24c. NAME OF CEMETERY OR CREMATORY Outruch Cemetery	24d. LOCATION (City, town, or county) (State) Fallmoore MO
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DATE REC'D BY LOCAL REG. 3-22-49	REGISTRAR'S SIGNATURE Carl Hendricks	25. FUNERAL DIRECTOR'S SIGNATURE Wilber L. Scholer-Craig	ADDRESS Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 6,

District File Number 449-347

Date Filed 7-5-49

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 _____

Myself

Student Embalmer No. _____

working under my personal supervision.

Signed _____
Student Embalmer

Signed Wilber L. Schooley

Licensed Embalmer No. 3997

P. O. Address Craig, 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.