S. No. 300
V. 10-48

1130

FILED JUN 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22597

State File No.

BIRTH NO. REG. DIST. NO. 574 PRIMARY REG. DIST. NO. 4578 Registrar's No. 3

1. PLACE OF DEATH
a. COUNTY: Worth
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Worth Mo
c. LENGTH OF STAY (in this place): All of Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home of Edd Homes

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Worth
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Worth Missouri 1130
d. STREET ADDRESS (If rural, give location): City of Worth

3. NAME OF DECEASED (Type or Print)
a. (First): Sarah
b. (Middle): Emma
c. (Last): Wantland

4. DATE OF DEATH (Month) (Day) (Year): June 8 1950

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed W
8. DATE OF BIRTH: Oct 28 - 1868
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months 7 Days 10 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Worth County
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: William Hardwick
13b. MOTHER'S MAIDEN NAME: Rebecca Hardwick
14. NAME OF HUSBAND OR WIFE: John Wantland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs Edd Homes
ADDRESS: Worth Mo

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Nephritis — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

572X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertension — 5 yrs

19a. DATE OF OPERATION: ✓
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

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):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: ✓
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 3-10, 1950 *to* 6-8, 1950, *that I last saw the deceased alive on* 6-7, 1950 *and that death occurred at* 4:00 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: J. Kass MD (Degree or title)
23b. ADDRESS: Grant City Mo
23c. DATE SIGNED: 6-9-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 9-50
24c. NAME OF CEMETERY OR CREMATORY: Barnes Cemetery
24d. LOCATION (City, town, or county) (State): Worth Mo

DATE REC'D BY LOCAL REG.: June 13-1950
REGISTRAR'S SIGNATURE: Lita E. Dawson 346
25. FUNERAL DIRECTOR'S SIGNATURE: John Andrews
ADDRESS: Grant City Mo

(Licensed Embalmer's Statement on Reverse Side)

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

4
RECEIVED
JUN 15 1950
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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 John Andrews Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed John Andrews
Licensed Embalmer No. 4211
P. O. Address Grant City 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.