

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32789**

FILED OCT 20 1950

BIRTH NO. _____ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008** Registrar's No. **329**

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

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Mo b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton	c. LENGTH OF STAY (In this place) 2 weeks	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webster Groves 4597	
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital No 1		d. STREET ADDRESS (If rural, give location) 707 Holland Ave	

3. NAME OF DECEASED a. (First) ARTHUR		b. (Middle)		c. (Last) BARDWELL		4. DATE OF DEATH (Month) (Day) (Year) Oct 8 1950			
5. SEX M	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower		8. DATE OF BIRTH Jan. 15, 1886		9. AGE (In years last birthday) 64		IF UNDER 1 YEAR Months 8 Days 23	IF UNDER 18 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RR Porter		10b. KIND OF BUSINESS OR INDUSTRY R. Road		11. BIRTHPLACE (State or foreign country) Tennessee		12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME DK		13b. MOTHER'S MAIDEN NAME DK		14. NAME OF HUSBAND OR WIFE DK	
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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. DK		17. INFORMANT'S SIGNATURE OR NAME Hospital Records, Fulton Mo		ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) General paralysis of the insane		DUE TO (b)		DUE TO (c)		no ex	
		ANTECEDENT CAUSES		DUE TO (b)		DUE TO (c)			
		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 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) (Min)		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 23, 1950**, to **Oct 8, 1950**, that I last saw the deceased alive on **Oct 7, 1950**, and that death occurred at **7:45 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Ralph Hanks (Degree or title) MD		23b. ADDRESS State Hosp, Fulton, Mo		23c. DATE SIGNED 10/8/50	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Oct. 1950		24c. NAME OF CEMETERY OR CREMATORY DK		24d. LOCATION (City, town, or county) (State) St. Louis Mo	
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DATE REC'D BY LOCAL REG. Oct 8-1950		REGISTRAR'S SIGNATURE Maretha Lawrence 426		25. FUNERAL DIRECTOR'S SIGNATURE Atkins Bros		ADDRESS 3654 Finney St. Louis, Mo	
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File No. _____
DISTRICT HEALTH OFFICE No. 4

OCT 16 1950

RECEIVED

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 *Louis V. Atkins*

Licensed Embalmer No. *2842*

P. O. Address *3644 Finney*

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.