S. No. 300
EV. 10.48

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

FILED JAN 31 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3541

BIRTH NO. _____ REG. DIST. NO. 381 PRIMARY REG. DIST. NO. 6178 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY: Sullivan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Reger
c. LENGTH OF STAY (in this place): 30 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

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

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): Joseph
c. (Last): Rardon

4. DATE OF DEATH (Month) 1 (Day) 12 (Year) 1951

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 4-15-1900
9. AGE (In years last birthday): 50 — If under 1 year: Months 8, Days 27 — If under 24 hrs.: Hours, Min.

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

13a. FATHER'S NAME: Arthur L. Rardon
13b. MOTHER'S MAIDEN NAME: Hattie V. Robinson
14. NAME OF HUSBAND OR WIFE: Mary E. (Ford)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 486-12-2229
17. INFORMANT'S SIGNATURE OR NAME: Mary Rardon
ADDRESS: Reger, 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): Coronary embolism — INTERVAL BETWEEN ONSET AND DEATH: instant

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.

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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* 1-10, 1951, *to* 1-12, 1951, *that I last saw the deceased alive on* 1-10, 1951, *and that death occurred at* 11:50 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: Ed Simpson (Degree or title): D.O.
23b. ADDRESS: Milan
23c. DATE SIGNED: 1-17-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/14/51
24c. NAME OF CEMETERY OR CREMATORY: Shiloh Cem.
24d. LOCATION (City, town, or county) (State): Reger Mo

DATE REC'D BY LOCAL REG.: Jan. 22-1951
REGISTRAR'S SIGNATURE: Mrs. H. B. Harris 320
25. FUNERAL DIRECTOR'S SIGNATURE: Dwight Schoene
ADDRESS: Milan-Mo.

(Licensed Embalmer's Statement on Reverse Side)

Date Received: JAN 2 4 1951
DISTRICT HEALTH OFFICE #
District File Number 1-51-1
Date Filed: JAN 3 0 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 Dwight Schoene

Signed _____
Student Embalmer

Licensed Embalmer No. 2667

P. O. Address Milan - 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.