No. 300
10.48

FILED MAR 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5075

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 100

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin
c. LENGTH OF STAY (In this place): 36 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin
d. STREET ADDRESS (If rural, give location): 1617 Main Street

3. NAME OF DECEASED (Type or Print)
a. (First): Manuel
b. (Middle): Walker
c. (Last): WADSWORTH

4. DATE OF DEATH (Month) (Day) (Year): February 18, 1951

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 29, 1862
9. AGE (In years last birthday): 88 | IF UNDER 1 YEAR: Months | Days | IF UNDER 1 HRS.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Owned and Operated
10b. KIND OF BUSINESS OR INDUSTRY: Antique Shop
11. BIRTHPLACE (State or foreign country): New York State
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Joseph Wadsworth
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Rebecca J. Wadsworth

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.
17. INFORMANT'S SIGNATURE OR NAME: Dr Chas Wadsworth
ADDRESS: Wichita, Kansas

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) acute respiratory failure — 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) cerebralaaccident
DUE TO (c) anoxia

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. pneumonia — 7950

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

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 1617 Main Street
21c. (CITY, TOWN, OR TOWNSHIP): Joplin (COUNTY): Jasper (STATE): Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 2-16-51 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: anoxia due to natural gas

22. *I hereby certify that I attended the deceased from* 2-16-51, *19*___, *to* 2-18-51, *19*___, *that I last saw the deceased alive on* 2-18-51, *19*___, *and that death occurred at* 1:55P *m., from the causes and on the date stated above.*

23a. SIGNATURE: L. F. R. Morgan (Degree or title): M.D.
23b. ADDRESS: 521 W. 4th Joplin, Mo.
23c. DATE SIGNED: 2-22-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Feb 20, 1951
24c. NAME OF CEMETERY OR CREMATORY: Mt Olive Cemetery
24d. LOCATION (City, town, or county) (State): Pittsburg, Kansas

DATE REC'D BY LOCAL REG.: 2-28-51
REGISTRAR'S SIGNATURE: Ed J. Lamey M.D. By Dolores Hampton D.R.O.
25. FUNERAL DIRECTOR'S SIGNATURE: Thornhill-Dillon Mort.
ADDRESS: Joplin, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 3-7-51
Jasper County Health Office
County File Number 51-2-188
Date Filed 3-7-51

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 _____

_____ Student Embalmer No. _____

working under my personal supervision.

Signed William E. Huddleston

Signed _____
Student Embalmer

Licensed Embalmer No. 4770

P. O. Address Joplin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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