

FILED SEP 27 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30816**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **200** PRIMARY REG. DIST. NO. **57 vs** Registrar's No. **98**

1. PLACE OF DEATH a. COUNTY <b>macon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>mo</b> b. COUNTY <b>macon</b>	
b. CITY OR TOWN <b>macon</b>		c. CITY OR TOWN <b>macon</b> <b>0611</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Stall-Hildreth San</b>		d. STREET ADDRESS (If rural, give location) <b>802 Rutherford</b> <b>0</b>	

3. NAME OF DECEASED (Type or Print) <b>Elizabeth S. Wardell</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>8/27/51</b>		
a. (First)	b. (Middle)	c. (Last)	(Month)	(Day)	(Year)

5. SEX <b>f</b>	6. COLOR OR RACE <b>w</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>2</b>	8. DATE OF BIRTH <b>July 10 1879</b>	9. AGE (In years) (last birthday) <b>72</b>	10. MONTHS <b>1</b>	11. DAYS <b>17</b>	12. IF UNDER 1 YEAR Hours <b>1</b> Min. <b>17</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (State or foreign country) <b>Macon, Mo U</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>
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13a. FATHER'S NAME <b>Geo Savinot</b>	13b. MOTHER'S MAIDEN NAME <b>Mollie Scroggins</b>	14. NAME OF HUSBAND OR WIFE <b>Charles Wardell</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>492-24-1798</b>	17. INFORMANT'S SIGNATURE OR NAME, ADDRESS <b>Hos. F. Wardell, Lumberton, Ill</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Circulatory Failure</b>		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) <b>Senile Psychosis</b> DUE TO (c) <b>Arterio sclerosis</b>		
	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 <b>4500</b>	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) (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 **May 5, 1951**, to **Aug 27, 1951**, that I last saw the deceased alive on **Aug 27, 1951**, and that death occurred at **2:15 am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Oliver L. Mauck D.O. 2</b>	23b. ADDRESS <b>macon</b>	23c. DATE SIGNED <b>8-27-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial U</b>	24b. DATE <b>8/30/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oakwood</b>	24d. LOCATION (City, town, or county) (State) <b>macon, Mo</b>
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DATE REC'D BY LOCAL REG. <b>9-8-51</b>	REGISTRAR'S SIGNATURE <b>Ruth McNeely</b>	25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS <b>Albert Skinner Macon Mo</b>
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED 9.24.51  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 9.51.144  
Date Filed 9.24.51

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed *Thos. L. Roth*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4552

P. O. Address *7 Macon, Me*

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.