

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14640

State File No. ....

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

LED APR 16 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 146

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri.</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Independence</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Independence</b>	
c. LENGTH OF STAY (length of stay) <b>16 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>302 No. Spring Street</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>302 No. Spring Street</b>		d. STREET ADDRESS (If rural, give location) <b>302 No. Spring Street</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Walter</b> b. (Middle) <b>B.</b> c. (Last) <b>Wardner</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 4, 1953</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 31, 1885</b>
9. AGE (In years last birthday) <b>67</b>		10. MONTHS <b>8</b>	11. DAYS <b>3</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Grocer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Grocery</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Wellington, Missouri.</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Walter B. Wardner</b>	
13b. MOTHER'S MAIDEN NAME <b>Hattie Gill</b>		14. NAME OF HUSBAND OR WIFE <b>Blanche Wardner</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No.</b>		16. SOCIAL SECURITY NO. <b>487-16-8902</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Blanche Wardner</b>		ADDRESS <b>302 No. Spring</b>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.			INTERVAL BETWEEN ONSET AND DEATH <b>5 1/2</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Labr. Interstitial nephritis</b>			MEDICAL CERTIFICATION
ANTECEDENT CAUSES <b>Cardiovascular - Renal - Disease</b>			
DUE TO (b) <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</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? <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>
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) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <b>Apr. 1, 1953</b> , to <b>Apr 4</b> , 1953, that I last saw the deceased alive on <b>Apr. 4</b> , 1953, and that death occurred at <b>10:23 pm.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Gene W. Hudson M.D.</b>		23b. ADDRESS <b>Liberty, Mo</b>	
23c. DATE SIGNED <b>4-5-53</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>April 7, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Machpelah Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Lexington, Missouri.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Wilson T. Pepley</b>	
25. ADDRESS <b>Indep. Mo.</b>		DATE REC'D BY LOCAL REG. <b>Apr. 5-53</b>	
REGISTRAR'S SIGNATURE <b>James K. Kealey</b>		3541	

SEP 2 1958

**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.

Student .....  
Student Embalmer

Signed Wilson L. Kepley

Licensed Embalmer No. 4225

P. O. Address Indep. 2nd

**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.