

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29395

State File No.

FILED AUG 19 1953

BIRTH NO. REG. DIST. NO. 236 PRIMARY REG. DIST. NO. 4350 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY <u>Morgan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Syracuse</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Syracuse</u> <u>0710</u>	
c. LENGTH OF STAY (In this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>No street numbers</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>No street numbers</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Henriette</u>	b. (Middle)	c. (Last) <u>Bardwell</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 14. 1953</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 23. 1859</u>	9. AGE (In years last birthday) <u>94</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Morgan County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John Lovett</u>	13b. MOTHER'S MAIDEN NAME <u>Susan Ann Eurisman</u>	14. NAME OF HUSBAND OR WIFE <u>L. E. Bardwell (Deceased)</u>
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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) <u>NO</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Nettie Campbell (Daughter)</u>	ADDRESS <u>Syracuse</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Acute Cardiac decompensation</u>		<u>1 week</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Advanced arteriosclerosis</u>		<u>10 yrs.</u>
	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 <u>4500</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 August 10 53 to August 9 53, that I last saw the deceased alive on August 14 19 53 and that death occurred at 9:15 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Jack Gunn MD</u>	23b. ADDRESS <u>Versailles, Mo.</u>	23c. DATE SIGNED <u>8-15-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug. 16, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY: <u>Mt. Carmel</u>	24d. LOCATION (City, town, or county) (State) <u>6 Mi. S. Syracuse, Mo</u>
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DATE REC'D BY LOCAL REG. <u>8/15/53</u>	REGISTRAR'S SIGNATURE <u>J. S. Wasserman</u>	214	25. FUNERAL DIRECTOR'S SIGNATURE <u>Jessie E. Richard</u>	ADDRESS <u>Tipton Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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

Jewell E. Richardson

Licensed Embalmer No. *2466*

P. O. Address *Lipton, N.C.*

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.