

FILED MAY 28 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017447

XC-548101
REG.# 16003

STATE FILE NUMBER

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 376

5. 300

1-57

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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY BUTLER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY RIPLY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF		c. CITY OR TOWN DONIPHAN	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION V.A. HOSPITAL		d. STREET ADDRESS (If outside, give location) 1207 MCKENZIE	
3. NAME OF DECEASED (Type or print) First DAUCA Middle RAY Last WARDLOW		4. DATE OF DEATH Month MAY Day 9 Year 1958	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 8-3-88
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY AGRICULTURE	11. BIRTHPLACE (City and state or country) GATEWOOD, MISSOURI
13a. FATHER'S NAME HAZLE WARDLOW		13b. MOTHER'S MAIDEN NAME MARTHA ANN BANKS	14. NAME OF HUSBAND OR WIFE LENA WARDLOW
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service) YES WWI		16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT Address VA HOSPITAL RECORDS, POPLAR BLUFF, MO.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MYOCARDIAL INFARCTION.			INTERVAL BETWEEN ONSET AND DEATH Sudden.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			4201
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY STATE
21. Attended the deceased from Feb. 26, 1958 to May 9, 1958 Death occurred at 9:15 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE ROBERT S. COHEN, M.D., Chief, Med. Svc.		22b. ADDRESS VA HOSPITAL, POPLAR BLUFF, MO.	22c. DATE SIGNED 5/9/58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE MAY 11, 1958	23c. NAME OF CEMETERY OR CREMATORY PONDER CEMETERY	23d. LOCATION (City, town, or county) (State) RIPLY COUNTY, MISSOURI
24. FUNERAL DIRECTOR ADDRESS RAY MEANS, DONIPHAN, MO.		25. DATE RECD. BY LOCAL REG. 5/26/58	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

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MAY 26 1958
BUTLER CO. HEALTH CENTER

FILE No. _____

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 _____
Signature of Student Embalmer

Signed Ray Meanst

Licensed Embalmer No. 3743

P. O. Address Doniphan

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.