

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026700

STATE FILE NUMBER

FILED AUG 13 1958 Registration District No. 316 Primary Registration District No. 4461 Registrar's No. 290

Health, Welfare Public Service
0940
300
1-56
All symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bismarck Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Bismarck 0940 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Length of stay in 1b 5 Yrs.			

3. NAME OF DECEASED (Type or print) CLEE First WADLOW Middle Last			4. DATE OF DEATH Aug. 1, 1958 Month Day Year		
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 Feb. 5, 1886		9. AGE (In years last birthday) 72 IF UNDER 1 YEAR Months 5 Days 7 Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) R.R. Conductor Frisco	10b. KIND OF BUSINESS OR INDUSTRY Grocery Business	11. BIRTHPLACE (City and state or country) Ellington, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
--	---	--	---

13. FATHER'S NAME John Wesley Wadlow	14. MOTHER'S MAIDEN NAME Sallie Chitwood
---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. 490-12-7326	17. INFORMANT Address Mrs. Hattie L. Wadlow Bismarck, 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) Acute Circulatory Failure		INTERVAL BETWEEN ONSET AND DEATH 15 Min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Coronary Thrombosis	5 days
	DUE TO (c) Arteriosclerosis 4201	Years
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"/> 2

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. I attended the deceased from **Feb. 14, 1956** to **Aug. 1, 1958** and last saw ^{him} alive on **Aug. 1, 1958**
Death occurred at **11:10 P.** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R. A. Handigath D.O.²	22b. ADDRESS Bismarck, Missouri	22c. DATE SIGNED 8-2-58
--	--	--------------------------------

23a. BURIAL, CREMATION, REINTERMENT (Specify) Burial	23b. DATE 8-4-1958	23c. NAME OF CEMETERY OR CREMATORY Masonic Cem.	23d. LOCATION (City, town, or county) (State) Bismarck, Missouri
---	---------------------------	--	---

24. FUNERAL DIRECTOR ADDRESS Shipman & Sons Bismarck, Missouri	25. DATE RECD. BY LOCAL REG. Aug 3, 1958	26. REGISTRAR'S SIGNATURE Esther Redlaff
---	---	---

STATEMENT BY LICENSED EMBALMER

RECORDED & INDEXED

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 *John N. Shuman*

Licensed Embalmer No. 4881

P. O. Address Bismarck, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.