

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035798

STATE FILE NUMBER

FILED OCT 31 1958

Registration District No. 73

Primary Registration District No. 3014

Registrar's No. 143

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Liberty</u>		c. CITY OR TOWN <u>Liberty</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>449 E. Franklin</u>		9. STREET ADDRESS (If outside, give location) <u>449 E. Franklin</u>	
3. NAME OF DECEASED (Type or print) First <u>RUTH</u>		4. DATE OF DEATH Month <u>Oct.</u> Day <u>4,</u> Year <u>1958</u>	
Middle <u>E.</u>		Last <u>BARDWELL</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>9-23-1877</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (City and state or country) <u>Junction City, Kansas</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. NAME OF FATHER'S NAME <u>George A. Taylor</u>	
13b. MOTHER'S MAIDEN NAME <u>Jane Lamb</u>		14. NAME OF HUSBAND OR WIFE <u>Hugh Bardwell</u>	
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>Yes, Unknown</u>	
17. INFORMANT <u>Mrs. P. M. Best, Liberty, Missouri</u>		Address <u>449 E. Franklin</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Dissection: Abdominal Aneurysm</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 day - 1 year</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>			<u>Year</u>
DUE TO (c) <u>Hypertensive Heart Disease</u>			<u>Year</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>443 X</u>			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 a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>8-29-49</u> to <u>10/1/58</u> and last saw her/him alive on <u>10/3/58</u> . Death occurred at <u>10 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Alfred B. Bohannon MD</u>		22b. ADDRESS <u>Excelsior Springs Mo</u>	
22c. DATE SIGNED <u>10/6/58</u>		22d. DATE RECD. BY LOCAL REG. <u>10-18-58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>10-4-58</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill</u>		23d. LOCATION (City, town, or county) (State) <u>Excelsior Springs, Mo.</u>	
24. FUNERAL DIRECTOR <u>Prichard Funeral Home, Inc.</u>		25. REGISTRAR'S SIGNATURE <u>Mauel Graham</u>	
ADDRESS <u>Excelsior Springs, Missouri</u>		25. DATE RECD. BY LOCAL REG. <u>10-18-58</u>	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION



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 *Louise Jarman*

Licensed Embalmer No. *4589*
Etobicoke Springs, N.Y.

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.