THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-005313
STATE FILE NUMBER

FILED FEB 16 1959

Registration District No. 137 Primary Registration District No. Registrar's No. 34

1. PLACE OF DEATH
a. COUNTY: Henry
b. CITY OR TOWN: Windsor — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 319 N. Main — Length of stay in lb: 2 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Henry
c. CITY OR TOWN: Windsor 0420 6 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 319 N. Main — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Ora Middle: Lee Last: Bardoner

4. DATE OF DEATH: Month, Day, Year: February 3, 1959

5. SEX: F 1

6. COLOR OR RACE: W

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]

8. DATE OF BIRTH: May 20, 1891

9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Cordova, Ky. 1

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Thomas Oder

13b. MOTHER'S MAIDEN NAME: Rosa Jones

14. NAME OF HUSBAND OR WIFE: Wm Bardoner

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT Address: Mrs. Theodore Siercks Windsor, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Circulatory Collapse	2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Obstructive Jaundice	1 yr
DUE TO (c)	Carcinoma of head of Pancreas	1 yr +

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 157X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

MEDICAL CERTIFICATION

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 2/5/58 to 3 Feb 1959 and last saw her alive on 2 Feb 1959
Death occurred at 5:45 A m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): William J. Smith M.D.

22b. ADDRESS: Windsor, Mo.

22c. DATE SIGNED: 2/6/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 2-6-1959

23c. NAME OF CEMETERY OR CREMATORY: Laurel Oak

23d. LOCATION (City, town, or county) (State): Windsor, Mo.

24. FUNERAL DIRECTOR ADDRESS: Ellis Huston Windsor, Mo

25. DATE RECD. BY LOCAL REG.: 2-9-1959

26. REGISTRAR'S SIGNATURE: Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 Clifford Gouge

Licensed Embalmer No. 5014

P. O. Address Windsor, Mo

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.