

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**62-005423**  
STATE FILE NUMBER

Registration District No. 11 Primary Registration District No. 5043 Registrar's No. 15

AMENDED

**FILED FEB 20 1962**

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

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| 3. NAME OF DECEASED (Type or print)<br>First <u>Walter</u> Middle <u>Montgomery</u> Last <u>Wardlaw</u> | 4. DATE OF DEATH<br>Month <u>January</u> Day <u>27</u> Year <u>1962</u> |
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| 5. SEX<br><u>male</u> | 6. COLOR OR RACE<br><u>white</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>8-16-1877</u> | 9. AGE (last birthday)<br><u>84</u> | IF UNDER 1 YEAR<br>Months <u>  </u> Days <u>  </u> | IF UNDER 24 HR<br>Hours <u>  </u> Min. <u>  </u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>mail carrier</u> | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>rural</u> | 11. BIRTHPLACE (City and state or country)<br><u>Barry County, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY<br><u>USA</u> |
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| 13a. FATHER'S NAME<br><u>Michael Wardlaw</u> | 13b. MOTHER'S MAIDEN NAME<br><u>Carolina Hamilton</u> | 14. NAME OF HUSBAND OR WIFE<br><u>Frances Arizona Wardlaw</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)<br><u>unknown</u> | 16. SOCIAL SECURITY NO.<br><u>unknown</u> | 17. INFORMANT Address<br><u>Mrs. Don Reed-Seligman, Missouri</u> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Branchopneumonia.</u><br>DUE TO (b) <u>Chronic Bronchitis</u><br>DUE TO (c) _____<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | INTERVAL BETWEEN ONSET AND DEATH |
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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 19. WAS AUTOPSY PERFORMED?<br>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.) |
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| 20c. TIME OF INJURY<br>Hour <u>  </u> a.m. <u>  </u> p.m. <u>  </u><br>Month, Day, Year | 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<br>COUNTY <u>  </u> STATE <u>  </u> |
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| 21. I attended the deceased from <u>1-20-62</u> to <u>1-27-62</u> and last saw her/him alive on <u>  </u><br>Death occurred at <u>5.45 P.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE (Degree or title)<br><u>Chas. T. Brown D.O.</u> | 22b. ADDRESS<br><u>Seligman Mo.</u> | 22c. DATE SIGNED<br><u>2-3-62</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u> | 23b. DATE<br><u>1-29-1962</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>New Salem Cemetery</u> | 23d. LOCATION (City, town, or county) (State)<br><u>Barry County Missouri</u> |
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| 24. FUNERAL DIRECTOR<br><u>Culver's</u><br>ADDRESS<br><u>Cassville, Missouri</u> | 25. DATE RECD. BY LOCAL REG.<br><u>2-15-1962</u> | 26. REGISTRAR'S SIGNATURE<br><u>Grace Williams</u> |
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

FEB 21 1962

**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 Margaret C. Henbest

Licensed Embalmer No. 4389

P. O. Address Cassville, 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.