

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37175**

FILED NOV 29 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **4218** Registrar's No. **80**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>Henry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Henry</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Windsor</b>		c. CITY OR TOWN <b>Windsor</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>1 month</b>		e. STREET ADDRESS (If rural, give location) <b>317 N. Main St</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>317 N. Main</b>			

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
<b>WILLIAM HENRY BARDONER</b>	<b>WILLIAM</b>	<b>HENRY</b>	<b>BARDONER</b>	<b>Nov. 20, 1954</b>

5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>May 30, 1877</b>	9. AGE (in years last birthday) <b>77</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 24 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Earville, Illinois</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>
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13a. FATHER'S NAME <b>John Bardoner</b>	13b. MOTHER'S MAIDEN NAME <b>Jolanna Thompson</b>	14. NAME OF HUSBAND OR WIFE <b>Ora Oder Bardoner</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. (If yes, give war or date of service) <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs W.H. Bardoner</b>	ADDRESS <b>Windsor, Mo</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Prostate</b>		<b>6 mos</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>177X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Aug. 19, 1954**, to **Nov. 16, 1954**, that I last saw the deceased alive on **Nov. 16, 1954**, and that death occurred at **7:20 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>A. J. Jennings M.D.</b>	23b. ADDRESS <b>Windsor, Missouri</b>	23c. DATE SIGNED <b>11-23-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>11-23-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Laurel Oak</b>	24d. LOCATION (City, town, or county) (State) <b>Windsor, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>Nov. 23-54</b>	REGISTRAR'S SIGNATURE <b>Florence Adair</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Huston Turner</b>	ADDRESS <b>Windsor, Mo</b>
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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 *William M. Turner*

Licensed-Embalmer No. *464*

P. O. Address *Windsor*

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.