

FILED MAR 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5485

BIRTH NO. _____		REG. DIST. NO. 222		PRIMARY REG. DIST. NO. 4333		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Moniteau</u> <u>Moniteau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clarksburg</u>			c. LENGTH OF STAY (in this place) <u>Life</u>			c. CITY (If outside corporate limits, write RURAL and give township) <u>Clarksburg</u> <u>06/12</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence, No Street No.</u>				d. STREET ADDRESS (If rural, give location) <u>No street numbers</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Allie</u>		b. (Middle) <u>K.</u>		c. (Last) <u>Bardwell</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2/13/50</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>March, 6, 1859</u>	
9. AGE (In years last birthday) <u>90</u>		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) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Pittsburg, Pennsylvania</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James Campbell</u>			13b. MOTHER'S MAIDEN NAME <u>Hannah Douglass</u>			14. NAME OF HUSBAND OR WIFE <u>Eberty Elton 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>None</u>		17. INFORMANT'S SIGNATURE OR NAME. ADDRESS <u>James E. Bardwell 2800 Elmwood K.C. Mo</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH <u>4500</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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) <u>Clarksburg Moniteau Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Sept. 6</u> , 19 <u>49</u> , to <u>Feb 13</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Feb. 5</u> , 19 <u>50</u> , and that death occurred at <u>2:00A.M.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>L. J. Bacon</u> (Degree or title) <u>D.O.</u>				23b. ADDRESS <u>Clarksburg, Mo</u>		23c. DATE SIGNED <u>2/14/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/17/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Clarksburg, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>March 9-50</u>		REGISTRAR'S SIGNATURE <u>Birdie Sturgis</u>		F. FUNERAL DIRECTOR'S SIGNATURE <u>James E. Richard</u>		ADDRESS <u>200</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10-48

District Health Officer No. 9,
MAR 11 1950
RECEIVED
District File Number-----

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.

Signed.....
Student Embalmer

Signed *James E. Richards*
Licensed Embalmer No. *2466*
P. O. Address *Lipton 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 this body is not embalmed, fact should be so stated above.