

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-037314

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 316 Primary Registration District No.          Registrar's No. 379

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

10940  
20940  
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4 0  
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>St Francois.</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St Francois</b>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>Cadet, Mo. RURAL</b>		c. CITY OR TOWN <b>Cadet, Missouri.</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>At Home.</b>		d. STREET ADDRESS (If outside, give location) <b>        </b>	
3. NAME OF DECEASED (Type or print) <b>Thomas Green Wadlow.</b>		4. DATE OF DEATH <b>Sept 15, 1963.</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White.</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>July 6, 1904</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Laborer.</b>	9. AGE (last birthday) <b>59.</b>
13a. FATHER'S NAME <b>Elige Wadlow.</b>		13b. MOTHER'S MAIDEN NAME <b>Mirmie Goggin.</b>	14. NAME OF HUSBAND OR WIFE <b>Melba Wadlow.</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO. <b>        </b>	
17. INFORMANT <b>Mrs Melba Wadlow St Louis, Mo.</b>		17. INFORMANT Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b>			INTERVAL BETWEEN ONSET AND DEATH <b>9-15-63</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Hypertension</b>			<b>?</b>
DUE TO (c) <b>        </b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Infected ulcer right leg</b>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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 <b>        </b> Month, Day, Year <b>        </b> a.m. <b>        </b> p.m. <b>        </b>	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 <b>        </b>
21. I attended the deceased from <b>8-11-63</b> to <b>9-15-63</b> and last saw him alive on <b>8-22-63</b> Death occurred at <b>2:00 A. M.</b> in on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>R. E. Harland M.D.</i> (Degree title)		22b. ADDRESS <b>Ironton, Missouri</b>	22c. DATE SIGNED <b>9-16-63</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>9-18-63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Wood-Lawn Cem.</b>	23d. LOCATION (City, town, or county) (State) <b>Esther, Missouri.</b>
24. FUNERAL DIRECTOR. <b>Caldwell &amp; Sons Flat River, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Sept. 16, 1963</b>	26. REGISTRAR'S SIGNATURE <i>Esther Rudloff</i>

OCT 18 1963

OCT 21 1963

OCT 8 1963

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 Donald Dale Caldwell

Licensed Embalmer No. 5095

P. O. Address Flat River, 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.