

FILED FEB 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 51

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 28

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| 1. PLACE OF DEATH a. COUNTY <u>Audrain</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Audrain</u> | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Mexico</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Mexico</u> | |
| c. LENGTH OF STAY (in this place) <u>Life</u> | | d. STREET ADDRESS (If rural, give location) <u>911 E. Pronenade</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Audrain Hospital</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> | b. (Middle) <u>CIARENCE</u> | c. (Last) <u>CARDWELL</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 8, 1949</u> |
|--|-----------------------------|---------------------------|--|

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| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Feb. 13, 1864</u> | 9. AGE (In years last birthday) <u>84</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
|--------------------|-------------------------------|---|---------------------------------------|---|---|---|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hotel maintenance</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Park Flaz Hotel</u> | 11. BIRTHPLACE (State or foreign country) <u>Mexico, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>US</u> |
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| 13a. FATHER'S NAME <u>Wm. M. Cardwell</u> | 13b. MOTHER'S MAIDEN NAME <u>Rachael Coontz</u> | 14. NAME OF HUSBAND OR WIFE <u>Susie Threlkeld Cardwell</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) _____ | 16. SOCIAL SECURITY NO. <u>486-18-2502</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Susie T. Cardwell</u> ADDRESS <u>Mexico, Mo.</u> |
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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. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>coronary thrombosis cardiac</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>minutes</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio sclerosis</u> | | |
| | DUE TO (c) <u>Senility</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>nephritis chr myocarditis chr</u> | | | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE (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>Mexico Audrain Mo</u> |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>U</u> |

22. I hereby certify that I attended the deceased from Dec 10, 1949, to Feb 8, 1949, that I last saw the deceased alive on 3-8, 1949, and that death occurred at 8:40 m., from the causes and on the date stated above.

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|---|--------------------------------|--------------------------------|
| 23a. SIGNATURE <u>M.S. Williams</u> (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>Mexico Mo.</u> | 23c. DATE SIGNED <u>2/9/49</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>2/10/49</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood</u> | 24d. LOCATION (City, town, or county) (State) <u>Mexico, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>Feb 10 1949</u> | REGISTRAR'S SIGNATURE <u>Blanche Neely</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas. Cassady</u> ADDRESS <u>MEXICO, MO.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

6754
4702

RECEIVED
District Health Officer No. 10
District File Number 2-49-2
Date Filed FEB 14 1949

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
Student Embalmer

Signed *Chas. Amundson*

Licensed Embalmer No. 3564

P. O. Address *Mexico, 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.