

FILED JUN 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19385

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 694

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph 0117	
c. LENGTH OF STAY (In this place) 2 Weeks		d. STREET ADDRESS (If rural, give location) 2404 Patee Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Missouri Methodist Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Dorcas	b. (Middle) *****	c. (Last) Carder	4. DATE OF DEATH (Month) (Day) (Year) June 7, 1950
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed ✓	8. DATE OF BIRTH January 12, 1870.	9. AGE (In years last birthday) (Specify) 80	IF UNDER 1 YEAR Months Days	IF UNDER 10 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Buchanan County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Kensey	13b. MOTHER'S MAIDEN NAME Eva Jane Hadley	14. NAME OF HUSBAND OR WIFE Perry Carder
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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) No *****	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Miss. Betty Lu Ziemendorff	ADDRESS St. Joseph, Mo
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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 5-21-50
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anteroselectic Neck Stenosis		5-21-50
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fracture Rv Femur		
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 131	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Joseph Buchanan Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 5-21-50 1:10 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Missed chair, fell to floor.
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22. I hereby certify that I attended the deceased from **21 May 1950**, to **7 June 1950**, that I last saw the deceased alive on **7 June 1950**, and that death occurred at **11:50 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Clara W. Gray (Degree or title) MD	23b. ADDRESS 2046 Betty St. Joseph Mo	23c. DATE SIGNED 8 June 50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 10, 1950.	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri
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DATE REC'D BY LOCAL REG. June 12, 1950	REGISTRAR'S SIGNATURE G. C. Jenkins 382	EMERALD DIRECTOR'S SIGNATURE Halter Meierhoff 1946	ADDRESS 1946 Colburn St. St. Joseph, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

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 *Albert C. Harrington*
Licensed Embalmer No. 3258 Missouri.
P. O. Address St. Joseph, Missouri.

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.