

FILED JUL 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 19892
Registrar's No. 593

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 593	
1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield,		c. LENGTH OF STAY (In this place) 14 hours		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield, 0396			
d. FULL NAME OF HOSPITAL OR INSTITUTION St John's Hospital				d. STREET ADDRESS (If rural, give location) 1012 E. Delmar			
3. NAME OF DECEASED (Type or Print) a. (First) Albert		b. (Middle) A.		c. (Last) Cardot		4. DATE OF DEATH (Month) (Day) (Year) June 29, 1950	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /		8. DATE OF BIRTH April 12, 1903	
9. AGE (In years last birthday) 47		IF UNDER 1 YEAR 2 Months		IF UNDER 24 HRS. 17 Days		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supervisor	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supervisor		10b. KIND OF BUSINESS OR INDUSTRY Public Schools		11. BIRTHPLACE (State or foreign country) Independence, Kansas		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Albert Cardot		13b. MOTHER'S MAIDEN NAME Lucille Schmidt		14. NAME OF HUSBAND OR WIFE Mary Lee Cardot			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Mrs. Mary Lee Cardot		ADDRESS Springfield, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction				INTERVAL BETWEEN ONSET AND DEATH 7 days.	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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.						4201	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION None				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 28, 1950, to June 29, 1950 , that I last saw the deceased alive on June 29, 1950 , and that death occurred at 1:45 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE J.P. Massey M.D.				23b. ADDRESS 609 Cherry - Springfield		23c. DATE SIGNED 6-30-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 1, 1950		24c. NAME OF CEMETERY OR CREMATORY Maple Park		24d. LOCATION (City, town, or county) (State) Springfield, Missouri	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 6-30-50		REGISTRAR'S SIGNATURE W.E. Handley		25. FUNERAL DIRECTOR'S SIGNATURE Borman - Sharp & Home		ADDRESS Springfield, Mo.	

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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
Student Embalmer

Signed

Lewis G. Scherff

Licensed Embalmer No. *3802*

P. O. Address *Springfield, M*

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.