

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42083

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10686

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS	1229
d. FULL NAME OF HOSPITAL OR INSTITUTION # 20 N.KINGSHIGHWAY BLVD.		d. STREET ADDRESS (If rural, give location) # 20 N.KINGSHIGHWAY BLVD.	

3. NAME OF DECEASED (Type or Print)	a. (First) MARY	b. (Middle) F.	c. (Last) CARADINE.	4. DATE OF DEATH (Month) (Day) (Year) Dec. 14 1950
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 14, 1882	9. AGE (In years last birthday) 68 IF UNDER 1 YEAR Months IF UNDER 24 HRS. Days IF UNDER 1 MIN. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	10b. KIND OF BUSINESS OR INDUSTRY - - - -	11. BIRTHPLACE (State or foreign country) Greenville, Texas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Mark Evans	13b. MOTHER'S MAIDEN NAME Racheal Baker	14. NAME OF HUSBAND OR WIFE J.T.Caradine.
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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 J. T. Caradine	ADDRESS 20 N. Kingshighway
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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 10 months
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Vascular hypertension DUE TO (c)		?
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 332K
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22. I hereby certify that I attended the deceased from 3/9, 1938, to Dec 14, 1950, that I last saw the deceased alive on Dec 13, 1950, and that death occurred at 12:15A.M., from the causes and on the date stated above.

23a. SIGNATURE Samuel B Grant M.D.	(Degree or title)	23b. ADDRESS 114 N. Taylor Ave.	23c. DATE SIGNED 12/14/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24b. DATE Dec. 15, 1950	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
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DATE REC'D BY LOCAL REG. DEC 14 1950	REGISTRAR'S SIGNATURE J. Blanton	25. FUNERAL DIRECTOR'S SIGNATURE C.R. Lupton & Sons	ADDRESS 7233 Delmar Blvd;
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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 _____

working under my personal supervision.

Student Embalmer No.

Signed Melvin L. Kesemper

Signed.....
Student Embalmer

Licensed Embalmer No. 405-2

P. O. Address St. Louis, 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.