

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41839**

FILED DEC 26 1952

BIRTH NO. **0264**REG. DIST. NO. **77**PRIMARY REG. DIST. NO. **3016**Registrar's No. **302**

1. PLACE OF DEATH a. COUNTY <b>Cole</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>Cole</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Jefferson City</b>		c. LENGTH OF STAY (In this place) <b>45 yrs.</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Jefferson City</b>		0264
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Matys Hospital</b>			d. STREET ADDRESS (If rural, give location) <b>712-Clark Ave.</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Charles</b> b. (Middle) <b>Autelius</b> c. (Last) <b>Carender</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 14-1952</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 13, 1887</b>	9. AGE (In years last birthday) <b>65</b>	7 <b>7</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Merchant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Clothing</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Cole County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>John Carender</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Mahan</b>		14. NAME OF HUSBAND OR WIFE <b>Mrs. Ethel Carender</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <b>unknown</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Ethel Carender</b> ADDRESS <b>J.C. Mo.</b>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Coronary Occlusion</b> INTERVAL BETWEEN ONSET AND DEATH <b>3 hrs.</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic Heart Disease</b> <b>3 yrs.</b> 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 <b>4200</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		
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?		
22. I hereby certify that I attended the deceased from <b>Dec 12</b> , 19 <b>52</b> , to <b>Dec 14</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>Dec 14</b> , 19 <b>52</b> , and that death occurred at <b>3:30 P. m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>Carl J. Lloyd, M.D.</b>			23b. ADDRESS <b>Jeff. City, Mo.</b>		23c. DATE SIGNED <b>12/16/52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Dec. 17, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Harloe</b>	24d. LOCATION (City, town, or county) (State) <b>Cole County Mo.</b>		
DATE REC'D BY LOCAL REG. <b>Dec. 17-1952</b>	REGISTRAR'S SIGNATURE <b>R. P. Darris</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Andrew J. J. J. J.</b> ADDRESS <b>J.C. Mo.</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

*[Handwritten signature]*  
FEB 25 1961

VS JAN 16 1961

FEB 27 1961

**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 *[Handwritten Signature]*

Licensed Embalmer No. 3641

P. O. Address *[Handwritten Address]*

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.