

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1017

FILED JAN 19 1953

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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

<b>1. PLACE OF DEATH</b> a. COUNTY <u>GREENE</u>  b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>  c. LENGTH OF STAY (in this place) <u>4 Days</u>  d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MARK OSTEOPATHIC HOSPITAL</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>  c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ash Grove</u> <u>0370</u>  d. STREET ADDRESS (If rural, give location) <u>/</u>	
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<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>James</u> b. (Middle) <u>William</u> c. (Last) <u>Cardwell</u>			<b>4. DATE OF DEATH</b> (Month) <u>1</u> (Day) <u>16</u> (Year) <u>53</u>			
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widowed</u>	<b>8. DATE OF BIRTH</b> <u>5/24/1868</u>	<b>9. AGE</b> (In years last birthday) <u>84</u>	<b>IF UNDER 1 YEAR</b> Months <u>7</u> Days <u>22</u>	<b>IF UNDER 4 HRS.</b> Hours _____ Mins. _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Farming</u>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Tennessee</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.</u>

<b>13a. FATHER'S NAME</b> <u>Henry Cardwell</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Elizabeth Corum</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Martha Ann Cardwell</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	<b>16. SOCIAL SECURITY NO.</b> <u>Unknown</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Glen Cardwell</u> <b>ADDRESS</b> <u>Ash Grove, Missouri</u>	
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Circulatory failure (Decompensated corpulmonale)</u> ANTECEDENT CAUSES <u>Chronic pulmonary congestion</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Mitral stenosis</u> DUE TO (c) <u>Inactive Rheumatic Fever.</u>		_____ _____ _____	
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>410x</u>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>	

22. I hereby certify that I attended the deceased from 1/12/53, 1953, to 1/16/53, 1953, that I last saw the deceased alive on 1/16/53, 1953, and that death occurred at 10:20 AM, from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <u>Edward E. Welford M.D.</u>	<b>23b. ADDRESS</b> <u>700 E. Sunshine, Springfield</u>	<b>23c. DATE SIGNED</b> <u>1/16/53</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>1-18-53</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Ash Grove Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Ash Grove - Mo</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>1-16-53</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Edith Williamson Registrar</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Brin - Daniel</u> <b>ADDRESS</b> <u>Ash Grove - Mo</u>
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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.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*Jay E. Hauer*

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

*702  
Ash Grove - Wisc*

**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.