

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 24 1953

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

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>163</u>		PRIMARY REG. DIST. NO. <u>2596</u>		Registrar's No. <u>3</u>			
1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Mo.</u> b. COUNTY <u>JEFF</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>FESTUS R#2 (VALLE)</u>		c. LENGTH OF STAY (In this place) <u>YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>R.R. #2 FESTUS (VALLE)</u>		d. STREET ADDRESS (If rural, give location) <u>R.R. #2 FESTUS 0500</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.R. #2 FESTUS</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>DALLAS</u> b. (Middle) <u>L.</u> c. (Last) <u>CARDWELL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 9 1953</u>						
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED 1</u>		8. DATE OF BIRTH <u>AUG. 31, 1876</u>			
9. AGE (In years last birthday) <u>76</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>1</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>1</u> Hours <u>1</u> Mins. <u>1</u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RET. BOARD</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>TERM. WAREHOUSE</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>TENN.</u>			
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			13a. FATHER'S NAME <u>RICHARD CARDWELL</u>		13b. MOTHER'S MAIDEN NAME <u>ALVIA ACUFF</u>		14. NAME OF HUSBAND OR WIFE <u>BESSIE CARDWELL</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>MRS BESSIE CARDWELL FESTUS</u>			ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage with right hemiplegia.</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Hypertensive, arteriosclerotic vascular disease.</u> DUE TO (c)					INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					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 <u>Jan 3</u> , 1953, to <u>Jan 9</u> , 1953, that I last saw the deceased alive on <u>Jan 7</u> , 1953, and that death occurred at <u>10:05 Am.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Thomas A. Donnell MD</u>				23b. ADDRESS <u>Nesoto, Mo.</u>		23c. DATE SIGNED <u>1-9-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JAN 12 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LAKE CHARLES CEM</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS CO Mo.</u>			
DATE REC'D BY LOCAL REG. <u>1-13-53</u>		REGISTRAR'S SIGNATURE <u>Marie Ferrer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Edwin J. ...</u>		ADDRESS <u>2223 ...</u>			

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED
JAN 19 1953

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 John P. Buchholz

Licensed Embalmer No. 1674

P. O. Address 3333 S. Harris St. St. Louis

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.