

FILED SEP 14 1954

THE DIVISION OF HEALTH - MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27932

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 422

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN	
d. FULL NAME OF HOSPITAL OR INSTITUTION 732 PEARL		d. STREET ADDRESS (If rural, give location) 732 PEARL	

3. NAME OF DECEASED (Type or Print)	a. (First) ETHEL	b. (Middle) NORA	c. (Last) CADWALLADER	4. DATE OF DEATH (Month) (Day) (Year) SEPTEMBER 3, 1954
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH APRIL 10, 1888	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months 4	IF UNDER 24 HRS. Days 23	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY AT HOME	11. BIRTHPLACE (State or foreign country) GALENA, KANSAS	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME MONROE GLENN	13b. MOTHER'S MAIDEN NAME ELLA BERRY	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. EMMANUEL CRAIG JOPLIN, MISSOURI
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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 180 X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of kidney		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Ca. Hep. Columbia No	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)	21e. INJURY OCCURRED WHILE AT WORK OR NOT WHILE WORKING	21f. HOW DID INJURY OCCUR? 154 Sept 15 9
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 6:30P. m., from the causes and on the date stated above.

23a. SIGNATURE A. L. Crawford M.D. Joplin Mo.	(Degree or title)	23b. ADDRESS Joplin Mo.	23c. DATE SIGNED 9/7/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE SEPT. 6, 1954	24c. NAME OF CEMETERY OR CREMATORY SAGINAW CEMETERY	24d. LOCATION (City, town, or county) (State) SAGINAW, MISSOURI
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DATE REC'D BY LOCAL REG. 9-16-54.	REGISTRAR'S SIGNATURE Ed Janner	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HEDGE LEWIS FUNERAL HOME WEBB CITY, MO.
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED SEP 13 1954  
Jackson County Health Office  
County File Number 54-9-77  
Date Filed SEP 15 1954

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 *Leonard J. Lewis Jr*

Licensed Embalmer No. 44561

P. O. Address *Wabbe City, 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.