

THE DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 4424 Registrar's No. 58

1. PLACE OF DEATH  
a. COUNTY Polk  
b. CITY (If outside corporate limits, write RURAL and give township) OR Humansville  
c. LENGTH OF STAY (In this place)  
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Dimmitt Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Cedar  
c. CITY OR TOWN Stockton  
d. Is Residence within limits of a city or incorporated town? Yes  No   
• STREET ADDRESS (If rural, give location) 508 South St.

3. NAME OF DECEASED  
a. (First) WILLIAM b. (Middle) ANDREW c. (Last) CARENDRER  
4. DATE OF DEATH (Month) (Day) (Year) May 5, 1955

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH Nov. 22, 1867 9. AGE (In years last birthday) 87 IF UNDER 1 YEAR 5 MONTHS 13 DAYS IF UNDER 1 HR. 45 MIN.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Druggist 10b. KIND OF BUSINESS OR INDUSTRY Drug Store 11. BIRTHPLACE (City and State or Foreign Country) Douglas County, Mo. 12. CITIZEN OF WHAT COUNTRY? USA.

13a. FATHER'S NAME Stephen A. Carender 13b. MOTHER'S MAIDEN NAME Charlotte Tipton 14. NAME OF HUSBAND OR WIFE Fannie Carender

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 M. J. Carender ADDRESS Stockton, Mo.

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, asphyxia, etc. It means the disease, injury, or complication which caused death.  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Uremia  
ANTECEDENT CAUSES Chronic Nephritis DUE TO (a) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (c) Arterio-sclerotic Cardio-Vascular disease  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.  
INTERVAL BETWEEN ONSET AND DEATH 1 wk  
month  
4 wks

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from Jan, 1941, to 5.5, 1955, that I last saw the deceased alive on 5.5, 1955, and that death occurred at 3 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Wm. B. Ritter MD 23b. ADDRESS Stockton Mo. 23c. DATE SIGNED 5.7.55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 5/8/1955 24c. NAME OF CEMETERY OR CREMATORY Stockton City Cemetery 24d. LOCATION (City, town, or county) (State) Stockton, Mo.

DATE REC'D BY LOCAL REG. May 4 1955 REGISTRAR'S SIGNATURE Ralph Gardner 25. FUNERAL DIRECTOR'S SIGNATURE Carlton Funeral Home ADDRESS Stockton, Mo.

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

MAY 25 1939

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.....  
Signature of Student Embalmer

Signed *John A. Cantlon*

Licensed Embalmer No. *43*

P. O. Address *Stockton*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.