

FILED OCT 8¹⁹⁵⁵

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29451

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

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>860</u>	
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence of _____) a. STATE <u>MO</u> b. COUNTY <u>Wright</u>			
b. CITY (If outside corporate limits, write RURAL and give name of place) <u>Springfield, MO</u>		c. LENGTH OF STAY (in this place) <u>3 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Wright Base</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sty Bapst Hosp</u>				d. STREET ADDRESS (If rural, give location) <u>1141</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Maxona</u>		b. (Middle) _____		c. (Last) <u>Carder</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 30, 1955</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>April 15, 1889</u>	
9. AGE (In years last birthday) <u>68</u>		10. MONTH <u>5</u>		11. DAYS <u>12</u>		12. HOURS <u>11:41</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life; even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Wright Co. MO</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
13a. FATHER'S NAME <u>John Clark</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Tucker</u>		14. NAME OF HUSBAND OR WIFE <u>Wes Carder</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Jack Gaudt</u>			
				ADDRESS <u>Wright Base, MO</u>			
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) <u>Acute peritonitis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 da</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>perforated appendix</u>				<u>5 da</u>	
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetic mellitus</u>				<u>5501</u>	
19a. DATE OF OPERATION <u>9-30-55</u>		19b. MAJOR FINDINGS OF OPERATION <u>Purelant peritonitis</u>				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) _____		21d. (COUNTY) _____	
21e. (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>9-26, 1955</u> to <u>9-30, 1955</u> , that I last saw the deceased alive on <u>9-30, 1955</u> and that death occurred at <u>2:10 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Fred R. Zaithing</u>		(Degree or title) <u>MD</u>		23b. ADDRESS <u>Med Art Bldg Springfield, MO</u>		23c. DATE SIGNED <u>10-3-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-2-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Green Mountain Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>MO</u>	
DATE REC'D BY LOCAL REG. <u>10-3-55</u>		REGISTRAR'S SIGNATURE <u>Earl Williamson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank W. W. W.</u>		ADDRESS <u>Wright Base MO</u>	

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 Frank Gable

Licensed Embalmer No. 4140

P. O. Address 2141 Grove St

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.