

No. 300  
10.48

FILED DEC 29 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 43123

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 825' PRIMARY REG. DIST. NO. 4480 Registrar's No. 32'

1. PLACE OF DEATH a. COUNTY Schuyler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Schuyler	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Greentop		c. CITY OR TOWN Greentop	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) since 1939		STREET ADDRESS (If rural, give location) Greentop 0980	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION at home in Greentop			

3. NAME OF DECEASED (Type or Print) a. (First) Ford b. (Middle) Ca rder c. (Last) rder	4. DATE OF DEATH (Month) (Day) (Year) Dec. 17, 1955
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 27, 1889	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and State or Foreign Country) Scotland Co., Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME William S. Carder	13b. MOTHER'S MAIDEN NAME Ellen Holder	14. NAME OF HUSBAND OR WIFE Mamie C. Uber
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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. 498 34 7724	17. INFORMANT'S SIGNATURE OR NAME Mrs. Mamie C. Carder, Greentop, Mo.	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 days 2 weeks 18 years 20 years	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypothetic Pneumonia	DUE TO (b) Myocardial Failure		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) Mitral Insufficiency Senescent		
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	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) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 7/7, 1953, to 12/17, 1955, that I last saw the deceased alive on 12/16, 1955, and that death occurred at 3:30 a.m., from the causes and on the date stated above.

22a. SIGNATURE Edward M. Roberts, D.O.	(Degree or title)	22b. ADDRESS Queen City, Mo.	22c. DATE SIGNED 12/17/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/19/55	24c. NAME OF CEMETERY OR CREMATORY Greentop Cemetery	24d. LOCATION (City, town, or county) (State) Greentop, Mo.
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DATE REC'D BY LOCAL REG. Dec. 20, 55	REGISTRAR'S SIGNATURE Mrs. R. J. Decker	35925 FUNERAL DIRECTOR'S SIGNATURE Paul H. Riley	ADDRESS Kirksville, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

2000

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... *Kenneth E. Hayles* .....

Licensed Embalmer No. *48* .....

P. O. Address *Kirkville* .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.