

FILED MAY 21 1956

STANDARD CERTIFICATE OF DEATH

15802

STATE FILE NUMBER

Registration District No. 61 Primary Registration District No. 4107 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY <u>Cedar</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>El Dorado Spgs.</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>El Dorado Spgs.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital give location) HOSPITAL OR INSTITUTION <u>Chambers Hosp.</u>			Length of stay in ^{1b}	d. STREET ADDRESS (If outside, give location) <u>407 S. Kirkwood</u>			Reside on Form Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Fred</u> Middle <u>M.</u> Last <u>Carmen</u>				4. DATE OF DEATH Month <u>5</u> Day <u>14</u> Year <u>56</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Nov. 7, 1867</u>		9. AGE (In years last birthday) <u>88</u> IF UNDER 1 YEAR: Months <u>1</u> Days <u>1</u> Hours <u>1</u> Min <u>1</u> IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant General Merchandise</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13. FATHER'S NAME <u>Elsa Carmen</u>				14. MOTHER'S MAIDEN NAME <u>Lucydia Harbour</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT Address <u>Para Ethel Carmen El Dorado Spgs. Mo.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Anoxia</u>							INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Pulmonary edema</u>		DUE TO (c) <u>Carcinoma of lungs</u>		5 wks ?	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <u>16 3x</u>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour <u>3:30</u> Month <u>2</u> Day <u>30</u> Year <u>56</u> a. m. <u>a</u> p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <u>4-7-56</u> to <u>5-14-56</u> and last saw <input checked="" type="checkbox"/> alive on <u>5-14-56</u> Death occurred at <u>3:30</u> a <u>a</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>C. J. Sunderwirth D.O.</u> (Degree or title)				22b. ADDRESS <u>El Dorado Springs</u>		22c. DATE SIGNED <u>5-16-56</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>5-16-56</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Clintonville Cemetery El Dorado Spgs. Mo.</u>		23d. LOCATION (City, town, or county) (State) <u>El Dorado Spgs. Mo.</u>			
24. FUNERAL DIRECTOR <u>Walter Brothers El Dorado Spgs. Mo.</u> ADDRESS			25. DATE RECD. BY LOCAL REG. <u>5-16-56</u>		26. REGISTRAR'S SIGNATURE <u>George W. Mafus</u>		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *May W. Dickering*

Licensed Embalmer No.....

P. O. Address *E. D. ...*

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.