

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300  
10. 48

FILED MAR 11 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 152

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		c. LENGTH OF STAY (in this place) <u>30 yrs.</u>	c. CITY OR TOWN <u>Sedalia</u> <u>0804</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>519 West 5th., St.</u>		e. STREET ADDRESS (If rural, give location) <u>519 West 5th., St.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>MABEL</u> b. (Middle) <u>EVANS</u> c. (Last) <u>CARDWELL</u>			4. DATE OF DEATH <u>March 6, 1957</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>Aug. 3, 1881</u>
9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Illinois</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>John Evans</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Margaret Devine</u>	14. NAME OF HUSBAND OR WIFE <u>Thomas Cardwell (dec.)</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>Not known</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Oscar Sims, Sedalia, 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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia.</u> Only a few days.	
		INTERVAL BETWEEN ONSET AND DEATH	
		<u>3 yrs.</u>	
		2. OTHER SIGNIFICANT CONDITIONS Antecedent Causes Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardio- Vascular Disease. Over 3 yrs.</u> DUE TO (c) <u>Arterio Sclerosis. Advanced 3 yrs.</u> <u>Senile Dementia. over 5 yrs.</u> <u>Latent Carcinoma of the Cervix. 3 yrs.</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>None. See other side.</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None.</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4221H</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None.</u>	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>Over 2 yrs 19</u> , to <u>March 6th 1957</u> , that I last saw the deceased alive on <u>March 6th 57</u> , and that death occurred at <u>6.55 a.</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>Jno. B. Carlisle, M.D.</u> (Degree or title)		23b. ADDRESS <u>Sedalia, Missouri</u>	23c. DATE SIGNED <u>3-7-57</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/8/1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Sedalia, Mo.</u>
DATE REC'D BY LOCAL REG. <u>3-8-57</u>		REGISTRAR'S SIGNATURE <u>Frances Shelby</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Outchert Sedalia, Mo</u>

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
GILLESPIE FUNERAL HOME

541  
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Approximately two and one half years ago the patient was under the care of Dr.C.B.Trader, now deceased. For him I made a vaginal examination on this lady and found that she had a latent Carcinoma of the Cervix which was very extensive.Palliative radium was given her at that time at the Ellis Fischel Hospital in Columbia. Since then she had no symptoms for above.

Jno.B.Carlisle,M.D. March 7th,1957.

*Jno. B. Carlisle M.D.*

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.....  
*Russell C. Maag*

Licensed Embalmer No. 400

P. O. Address Sedalia, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.