

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022126

STATE FILE NUMBER

FILED JUL 15 1959

Registration District No.

195

Primary Registration District No.

Registrar's No.

57-59

S. 300
v. 1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY McDONALD		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY McDONALD	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FLKHORN		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Rocky Comfort Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION His Home		Length of stay in 1b 51 yrs.	d. STREET ADDRESS (If outside, give location) R.E.D. Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Jesse Price Carden			4. DATE OF DEATH Month Day Year June 25-1959
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 18-1875
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer.		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In ^{Years} last birthday) 84 IF UNDER 1 YEAR: Months 7 Days 7 Hours 7 Min.
11a. BIRTHPLACE (City and state or country) Kentucky U.S.A.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME MADISON B. CARDEN		13b. MOTHER'S MAIDEN NAME D.K.	14. NAME OF HUSBAND OR WIFE Laura Carden
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 Forest Carden Rocky Comfort Mo 6274 Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis DUE TO (b) Arteriosclerosis + Senility DUE TO (c) (Investigated By R.M. Humphrey Jr Coroner of McDonald Co) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None			INTERVAL BETWEEN ONSET AND DEATH Sudden
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 Month Day Year a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, store, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 9:30 AM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Mary A. Bradley Registrar		22b. ADDRESS Trinidad, Mo	22c. DATE SIGNED 7-9-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE June-27-59	23c. NAME OF CEMETERY OR CREMATORY Union Cemetery
23d. LOCATION (City, town, or county) McDonald Co. Missouri		23e. REGISTRAR'S SIGNATURE Mary A. Bradley	
24. FUNERAL DIRECTOR McQueen Funeral Home		25. DATE RECD. BY LOCAL REG. 7-9-59	26. REGISTRAR'S SIGNATURE Mary A. Bradley

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 *Paul D. Henbest*

Licensed Embalmer No. *4576* ..
P. O. Address *Cassville, 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.