

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

60-014113

FILED VS APR 21 1960

STATE FILE NUMBER

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 52

S. 300
v. 1-57
7051

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Mo. b. COUNTY Lawrence)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Monett		c. CITY OR TOWN Pierce City Mo. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Vincents 2		d. STREET ADDRESS Main Street (If outside, give location) Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Lola Middle Belle Last Carder		4. DATE OF DEATH Month 4 Day 9 Year 1960	
5. SEX Fe	6. COLOR OR RACE Wh	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2-4-1895
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Oswego Kan.
13a. FATHER'S NAME William Curnutte		13b. MOTHER'S MAIDEN NAME Ida Mary Phillips	14. NAME OF HUSBAND OR WIFE Ora Clarence Carder
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, No (unknown) (If yes, give war or dates of service))		16. SOCIAL SECURITY NO. 487-24-1362	17. INFORMANT Address Melvin Carder Pierce City Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Post Ingarction coronary insufficiency			INTERVAL BETWEEN ONSET AND DEATH 2 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart disease DUE TO (c) with Hypertension			4200 10 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? 2 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 Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <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 3-19-1958 to 4-9-1960 and last saw ^{her} _{him} alive on 4-8-1960 Death occurred at 5:08 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Robert P. Douley M.D.</i> (Degree or title)		22b. ADDRESS Monett, Missouri	22c. DATE SIGNED 4-14-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-11-1960	23c. NAME OF CEMETERY OR CREMATORY City Cemetery	23d. LOCATION (City, town, or county) (State) Pierce City Mo.
24. FUNERAL DIRECTOR ADDRESS Wilks Bros. Pierce City Mo.		25. DATE RECD. BY LOCAL REG. 4-14-60	26. REGISTRAR'S SIGNATURE <i>Mrs. P.N. Cook</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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 Edwin Wilks, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Edwin Wilks

Licensed Embalmer No. 4131
P. O. Address Peace City 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.