

REGISTRATION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-048448

FILED VS DEC 3 0 1960 **333** Primary Registration District No. **4488** Registrar's No. **3074** **296**

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Scott				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Scott				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Vanduser		Length of stay in 1b 36 years		c. CITY OR TOWN Vanduser		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR RESIDENTIAL HOME Residence Vanduser, Mo.				d. STREET ADDRESS None (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First ALPHAS Middle HENRY Last CARDIN'				4. DATE OF DEATH Month Dec. Day 4 Year 1960				
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 2-20-1887		
9. AGE (last birthday) 73		IF UNDER 1 YEAR Months 0 Days 14		IF UNDER 24 HR Hours Min. 				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith			10b. KIND OF BUSINESS OR INDUSTRY Blacksmith Shop		11. BIRTHPLACE (City and state or country) Marion, Kentucky		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Tennessee Cardin			13b. MOTHER'S MAIDEN NAME (No Record) White			14. NAME OF HUSBAND OR WIFE Mayme Lockhart Cardin		
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. 495-34-5803		17. INFORMANT Mayme Cardin Sikeston, 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) Hypertension Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							INTERVAL BETWEEN ONSET AND DEATH	
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 _____ a.m. _____ p.m. Month, Day, Year _____		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 _____, to _____ and last saw her/him alive on _____ Death occurred at 1:25 A. m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) M. L. Miller D.O.				22b. ADDRESS Sikeston Mo		22c. DATE SIGNED 12/17/60 (State)		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-6-1960		23c. NAME OF CEMETERY OR CREMATORY New Morley Cemetery		23d. LOCATION (City, town, or county) Morley, Missouri		
24. FUNERAL DIRECTOR ADDRESS Nunnelee Funeral Chapel, Sikeston Mo.				25. DATE RECD. BY LOCAL REG. 12-19-60		26. REGISTRAR'S SIGNATURE Max [Signature]		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 7 1961

JUN 1 1961

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Edward E. Hummel
4164

Licensed Embalmer No. _____

P. O. Address Liberty

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.