

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-005770

STATE FILE NUMBER

Registration District No. 169 Primary Registration District No. \_\_\_\_\_ Registrar's No. 7

FILED VS FEB 20 1961

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|   |   |   |   |   |  |  |
|---|---|---|---|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Knox</u>  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo</u> b. COUNTY <u>Knox</u> |   |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>7 mi Sw of Edina</u>  |   | Length of stay in <u>20 yr</u>  | c. CITY OR TOWN <u>7 mi Sw of Edina</u>   |   | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION  |   | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)   |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
| 3. NAME OF DECEASED (Type or print)<br>First <u>DORIS</u> Middle <u>LORENF</u> Last <u>CARDWELL</u>   |   |   | 4. DATE OF DEATH<br>Month <u>Feb</u> Day <u>12</u> Year <u>1961</u>   |   |  |  |
| 5. SEX <u>F</u>   | 6. COLOR OR RACE <u>W</u>   | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>6 Oct 1916</u>  | 9. AGE (last birthday) <u>44</u>  | IF UNDER 1 YEAR   IF UNDER 24 HR<br>Months   Days   Hours   Min.           |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>housewife</u>   |   | 10b. KIND OF BUSINESS OR INDUSTRY   |   | 11. BIRTHPLACE (City and state or country)<br><u>Blandinsville, Ill</u>   | 12. CITIZEN OF WHAT COUNTRY<br><u>USA</u>                                  |  |
| 13a. FATHER'S NAME<br><u>LeRoy Elmer Shugart</u>  |   | 13b. MOTHER'S MAIDEN NAME<br><u>Rachel Spiker</u>   |   | 14. NAME OF HUSBAND OR WIFE<br><u>Junior Cardwell</u>   |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  |   | 16. SOCIAL SECURITY NO.<br><u>none</u>  | 17. INFORMANT<br><u>Junior Cardwell</u>   |   | Address<br><u>Edina Mo</u>   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>metastatic adenocarcinoma</u><br>DUE TO (b) <u>Adeno Carcinoma, Right Breast</u><br>DUE TO (c) _____<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |   |   |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>4 years</u><br><u>13 years</u>      |  |
| 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.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |  |  |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour _____ Month, Day, Year _____<br>a.m. _____ 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>9:15</u> <u>1948</u> to <u>Feb 12 1961</u> and last saw her <u>Feb 11, 1961</u> alive on _____<br>Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.  |   |   |   |   |  |  |
| 22a. SIGNATURE<br><u>Waldo R. Hudson MD</u> (Degree or title)   |   |   | 22b. ADDRESS<br><u>Knox City Mo</u>   |   | 22c. DATE SIGNED<br><u>2/14/61</u>   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>burial</u>  | 23b. DATE<br><u>14 Feb 1961</u>   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>I.O.O.F. Cemetery</u>  | 23d. LOCATION (City, town, or county)<br><u>Hurdland, Mo.</u>   |   |  |  |
| 24. FUNERAL DIRECTOR<br><u>HUDSON-RIMER FUNERAL HOME</u>  |   | ADDRESS<br><u>Edina, Mo</u>   | 25. DATE RECD. BY LOCAL REG.<br><u>Feb-17-1961</u>  | 26. REGISTRAR'S SIGNATURE<br><u>Paul S. Hummel</u>  |  |  |

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 Jim Rimer, Student Embalmer No. 610  
working under my personal supervision.

Student James W Rimer  
Signature of Student Embalmer

Signed AG Rimer

Licensed Embalmer No. 5041

P. O. Address Edina, MN

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.