

FILED AUG 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25888

BIRTH NO. 46873-50 REG. DIST. NO. 378 PRIMARY REG. DIST. NO. 4552 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY <u>Wright</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Douglas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mtn Grove,</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Remondre Wood Twp (3) 1340</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Donna</u>	b. (Middle) <u>Jean</u>	c. (Last) <u>Card</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 26 1950</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>July 26, 1950</u>	9. AGE (In years last birthday) <u>0</u>	IF UNDER 1 YEAR Months <u>0</u>	IF UNDER 12 HRS. Days <u>0</u>	Hours <u>0</u>	Min. <u>2</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S</u>		

13a. FATHER'S NAME <u>Lee R. Card</u>	13b. MOTHER'S MAIDEN NAME <u>Delta Wertz</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lee R. Card</u>	ADDRESS <u>Norwood, Missouri</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>7700</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Anemia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prolonged Labor of Mother</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 26 July, 1950, to 26 July, 1950, that I last saw the deceased alive on 26 July, 1950, and that death occurred at 3:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Lee Card</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Mountain Grove Mo</u>	23c. DATE SIGNED <u>27 July 50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Rural</u>	24b. DATE <u>7-27-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hartville</u>	24d. LOCATION (City, town, or county) (State) <u>Hartville, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>8-5-50</u>	REGISTRAR'S SIGNATURE <u>A. C. Ames</u>	348	25. FUNERAL DIRECTOR'S SIGNATURE <u>Grable-Windle</u>	ADDRESS <u>Mtn Grove, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 9 1950
WRIGHT CO. HEALTH DEPT.
County File Number 820-100
Date Filed ALLG 12-1950

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 _____

Was not embalmed

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Frank Grable

Licensed Embalmer No. 4140

P. O. Address Intn Grow, m

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