

FILED FEB 16 1951

STANDARD CERTIFICATE OF DEATH

State File No. 4526
 Registrar's No. 24

BIRTH NO. _____ REG. DIST. NO. 12 PRIMARY REG. DIST. NO. 5458

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY OR TOWN <u>Rural</u>		c. CITY OR TOWN <u>Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Walnut Grove R#2</u>		d. STREET ADDRESS <u>Ash Grove R#2</u>	
3. NAME OF DECEASED a. (First) <u>Martha</u> b. (Middle) <u>Ann</u> c. (Last) <u>Cardwell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>February 6, 1951</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 25, 1871</u>
9. AGE (In years) (Months) (Days) <u>79 4 11</u>		9. AGE (In years) (Months) (Days) <u>79 4 11</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Tenn</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Thomas Franklin Provia</u>		13b. MOTHER'S MAIDEN NAME <u>Maed Webster</u>	14. NAME OF HUSBAND OR WIFE <u>James W. Cardwell</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mr Allen Penryman Ash Grove Mo</u> ADDRESS _____	
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, ashenia, etc. It means the disease, injury, or complication which caused death.			INTERVAL BETWEEN ONSET AND DEATH <u>2 day</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Pneumonia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 day</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>GENERAL Debility and Prostration</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 wks.</u>
DUE TO (c) <u>Senility</u>			INTERVAL BETWEEN ONSET AND DEATH <u>52 2 X</u>
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 type="checkbox"/>
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 <u>June</u> , 18 <u>74</u> , to <u>2-6</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>2-6</u> , 19 <u>51</u> , and that death occurred at <u>3:00 am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Thomas F. Matz J. M.D.</u>		23b. ADDRESS <u>Ash Grove, Mo</u>	23c. DATE SIGNED <u>2-8-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-8-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ash Grove Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Ash Grove Mo</u>
DATE REC'D BY LOCAL REG. <u>2/12/51</u>	REGISTRAR'S SIGNATURE <u>Drew H. Nilson</u>	FEDERAL DIRECTOR'S SIGNATURE <u>Kim Linnal Lewis</u> ADDRESS <u>Ash Grove Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0390

RECEIVED

County Health Office,

County File Number 51-2-9

Date Filed 2-14-51

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.

Signed Clarence D. Doherty

Signed.....
Student Embalmer

Licensed Embalmer No. 4005

P. O. Address Ch. H. ...

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.