

FILED APR 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9160

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

BIRTH NO. _____ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 3036 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <u>LAWRENCE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LAWRENCE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Aurora MO</u>		c. LENGTH OF STAY (In this place) c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Aurora</u> <u>0551</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Aurora Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>141 WEST LOCUST</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lola</u> b. (Middle) <u>BLANCHE</u> c. (Last) <u>CARDWELL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 10, 1951</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>MARCH 26-1884</u>
9. AGE (In years last birthday) <u>66</u>		9. AGE (In years last birthday) <u>11</u> <u>14</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>AT HOME</u>	11. BIRTHPLACE (State or foreign country) <u>ARKANSAS (WEBSTER COUNTY)</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Winkiee</u>	
13b. MOTHER'S MAIDEN NAME <u>Kansas Broton</u>		14. NAME OF HUSBAND OR WIFE <u>Adams Cardwell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>L.H. Cardwell</u> ADDRESS <u>Aurora MO</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary heart failure</u> ANTECEDENT CAUSES <u>Hypertensive (diastolic) disease, arteriosclerosis</u> DUE TO <u>hypertensive (diastolic) disease, arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS <u>hypertensive (diastolic) disease, arteriosclerosis</u> 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"/>		21. INTERVAL BETWEEN ONSET AND DEATH <u>443X</u>	
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) m.	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>January 1948</u> to <u>Mar 10, 1951</u> , that I last saw the deceased alive on <u>Mar 11, 1951</u> , and that death occurred at <u>6 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Paul Johnson</u>		23b. ADDRESS <u>1325 Olive St</u>	23c. DATE SIGNED <u>Mar 27 1951</u>
24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/12/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maple Park</u>	24d. LOCATION (City, town, or county) (State) <u>Aurora MO</u>
DATE REC'D BY LOCAL REG. <u>Mar 23-51</u>	REGISTRAR'S SIGNATURE <u>Pro Me Matt</u> <u>157</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles L. Stand</u> ADDRESS <u>Aurora MO</u>	

DIVISION OF REGISTRATION
District No. 5 - Springfield

RECEIVED MAR 29 1951

Dist. File 351-674

Date Filed 3-29-51

1951
SEP 8 2 41 PM '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 _____

[Signature]
working under my personal supervision.

Student Embalmer No.

Signed _____

[Signature]

Signed _____
Student Embalmer

Licensed Embalmer No. 3812

P. O. Address Amelia, 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 this body is not embalmed, fact should be so stated above.