

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11850

State File No. ....

APR 15 1952

BIRTH NO. _____		REG. DIST. NO. <u>378</u>		PRIMARY REG. DIST. NO. <u>6285</u>		Registrar's No. <u>19</u>	
1. PLACE OF DEATH a. COUNTY <u>Wright</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>Wright</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Mtn Grove Township</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Mtn Grove Township</u>		d. STREET ADDRESS (Rural, give location) <u>1140</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. FULL NAME OF HOSPITAL OR INSTITUTION _____			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LOUNZO</u>			b. (Middle) _____			c. (Last) <u>CARDER</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>MAR 28, 1952</u>		5. SEX <u>M.</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>June 2, 1906</u>		9. AGE (In years last birthday) <u>45</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>26</u>		IF UNDER 24 HRS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Wright Co. MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Abraham Carder</u>		13b. MOTHER'S MAIDEN NAME <u>Arminia Wilhite</u>		14. NAME OF HUSBAND OR WIFE <u>Cora Carder</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Cora Carder</u> ADDRESS <u>Mtn Grove, 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>Myocardial Stearosis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Circosis of Liver</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>Not known</u>  <u>Not known</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		1561		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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>Aug</u> , 19 <u>49</u> , to <u>28 Mar</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>27 Mar</u> , 19 <u>52</u> , and that death occurred at <u>3 A.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Mountain View, Mo.</u>		23c. DATE SIGNED <u>7 April 1952</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar 30, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Green Mountain</u>		24d. LOCATION (City, town, or county) (State) <u>Rayburn MO.</u>	
DATE REC'D BY LOCAL REG. <u>4-3-52</u>		REGISTRAR'S SIGNATURE <u>A.C. Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Mtn Grove, Mo.</u>	

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

RECEIVED APR 8 1952  
WRIGHT CO. HEALTH DEPT.  
County File Number 458-42  
Date Filed 4-12-52

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.

Student .....  
Student Embalmer

Signed

*Frank Grable*

Licensed Embalmer No.

4140

P. O. Address

*Mt. Grove, Me*

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.