

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **26973**

5. No. 300
v. 10.48

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

ED AUG 7 1952 BIRTH NO. _____ REG. DIST. NO. 372 PRIMARY REG. DIST. NO. 4343 Registrar's No. 18					
1. PLACE OF DEATH a. COUNTY WEBSTER 1120			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY WEBSTER 1120		
b. CITY (If outside corporate limits, write RURAL and give township) SEYMOUR		c. LENGTH OF STAY (In this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) SEYMOUR		d. STREET ADDRESS (If rural, give location) _____
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			d. STREET ADDRESS (If rural, give location) _____		
3. NAME OF DECEASED (Type or Print) a. (First) DORSEY b. (Middle) EARNEST c. (Last) CARDWELL			4. DATE OF DEATH (Month) (Day) (Year) 7-27-52		
5. SEX M. ♂	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 2-1-1906	9. AGE (In years last birthday) 46	IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 28 HRS.: Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (City and State or Foreign Country) WEBSTER CO		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME GROVER C. CARDWELL		13b. MOTHER'S MAIDEN NAME BESSIE BARTON	14. NAME OF HUSBAND OR WIFE BUNOLA CARDWELL		
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. 490-14-1049	17. INFORMANT'S SIGNATURE OR NAME ADDRESS BUNOLA CARDWELL SEYMOUR MO		
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Spontaneous perforation of cecum resulting in peritonitis			INTERVAL BETWEEN ONSET AND DEATH 3 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Spontaneous perforation of cecum DUE TO (c) Primary carcinoma of sigmoid			4 days 24 hrs
II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.		Metastasis post surgical resection			14 months
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 153X		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) 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>JAN-19, 1950</u>, to <u>July 27, 1952</u>, that I last saw the deceased alive on <u>July 25, 1952</u>, and that death occurred at <u>4:15 p.m.</u>, from the causes and on the date stated above.					
23a. SIGNATURE F. R. Gile		(Degree or title) _____	23b. ADDRESS A. O. H. Seymour		23c. DATE SIGNED 7/28/52
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 7-30-52	24c. NAME OF CEMETERY OR CREMATORY SEYMOUR	24d. LOCATION (City, town, or county) (State) WEBSTER CO., MO.		
DATE REC'D BY LOCAL REG. Aug 4-1952	REGISTRAR'S SIGNATURE Gilbert Jones		343	25. FUNERAL DIRECTOR'S SIGNATURE Robert Beyman	
ADDRESS _____ (Licensed Embalmer's Statement on Reverse Side)					

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

T. V. Kelley

Licensed Embalmer No. *Cardland, Mo*

P. O. Address _____

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.