

FILED NOV 3 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34223

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1126

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

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>?</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Skidmore</u>		d. STREET ADDRESS (If rural, give location) <u>0740</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>329 Ohio St.</u>					
3. NAME OF DECEASED a. (First) <u>Eliza</u> b. (Middle) <u>Jane</u> c. (Last) <u>Carden</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 26, 1952</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>June 19, 1869</u>	9. AGE (In years last birthday) <u>83</u> IF UNDER 1 YEAR Months <u>4</u> IF UNDER 1 HRS. Days <u>7</u> Hours Min.	
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>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Nodaway Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME <u>Hanson H. Ware</u>		13b. MOTHER'S MAIDEN NAME <u>Needles</u>		13c. NAME OF HUSBAND OR WIFE <u>Joseph S. Carden</u>	
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 ADDRESS <u>Joseph S. Carden Skidmore 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary atherosclerosis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis 20 yrs.</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>5 min</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)		<u>4201</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input checked="" 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> , 19 <u>34</u> , to <u>Sept</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Oct. 26, 1952</u> , and that death occurred at <u>7:00 p. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>W. Keane M.D.</u>			23b. ADDRESS <u>St. Joseph Mo</u>		23c. DATE SIGNED <u>10.26.52</u>
24a. BURIAL-CREMA-TION-REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 28, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>I. O. O. F. Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph Mo</u>		
DATE REC'D BY LOCAL REG. <u>October 29, 1952</u>		REGISTRAR'S SIGNATURE <u>Carl C. Castip</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Price Funeral Home Maryville Mo</u>	

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed

*John W. Price*

Licensed Embalmer No. 4287

P. O. Address Maryville 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.