No. 300
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FILED NOV 17 1953

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

State File No. 40028

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 3057 Registrar's No. 87

**1. PLACE OF DEATH**
a. COUNTY: Ray
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Richmond
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Near Sale Barn W. of city

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Clay 6002
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Excelsior Springs
d. STREET ADDRESS (If rural, give location): Persimmon Drive

**3. NAME OF DECEASED** (Type or Print)
a. (First): WILLIAM
b. (Middle): LEROY
c. (Last): CARDER

**4. DATE OF DEATH** (Month) (Day) (Year): Nov. 10, 1953

**5. SEX**: Male 0
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: June 13, 1910
**9. AGE** (In years last birthday): 43 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Truck Driver
**10b. KIND OF BUSINESS OR INDUSTRY**: Mineral Water Bottling Co.
**11. BIRTHPLACE** (State or foreign country): New Mexico
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: Jesse H. Carder
**13b. MOTHER'S MAIDEN NAME**: Betty Jane Webb
**14. NAME OF HUSBAND OR WIFE**: Helen L. Carder

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WWII
**16. SOCIAL SECURITY NO.**: 494-14-1155
**17. INFORMANT'S SIGNATURE OR NAME** / ADDRESS: Helen L. Carder, Ex. Springs, 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): None
DUE TO (c): None

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*: none

INTERVAL BETWEEN ONSET AND DEATH:

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**: None 4201
**20. AUTOPSY?** YES ☐ NO ☑

**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 ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 11-10, 1953 *to* 11-10, 1953 *that I last saw the deceased alive on* 11-10, 1953 *and that death occurred at* 12:07 *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): G. R. Davault M.D.
**23b. ADDRESS**: Richmond, Mo.
**23c. DATE SIGNED**: 11-11-53

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: Nov, 12-53
**24c. NAME OF CEMETERY OR CREMATORY**: Crown Hill
**24d. LOCATION** (City, town, or county) (State): Excelsior Springs, Mo.

**DATE REC'D BY LOCAL REG.**: Nov 11-1953
**REGISTRAR'S SIGNATURE**: Mabel Jackson 273-
**25. FUNERAL DIRECTOR'S SIGNATURE** / ADDRESS: Claude Prichard Excelsior Springs Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 17 1953

## 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 Lindell K. Jarman

Signed.....
Student Embalmer

Licensed Embalmer No. 4589

P. O. Address Excelsior Springs, 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.