

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3982

State File No. ....

FILED MAR 8 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 5118 Registrar's No. 67

0100

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

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived). If institution: residence before admission. a. STATE _____ b. COUNTY _____	
b. CITY (If outside corporate limits, give RURAL and give township) OR TOWN <u>Columbia - Missouri Tp.</u>		c. CITY OR TOWN <u>Unknown</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway 40-WEST</u>		e. STREET ADDRESS (If rural, give location) <u>Unknown 0100</u>	

3. NAME OF DECEASED (First) <u>Joseph</u>	b. (Middle) <u>C</u>	c. (Last) <u>Cardarski</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>2-24-1954</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>unknown</u>	8. DATE OF BIRTH <u>unknown</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>unknown</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>unknown</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>unknown</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
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13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Unknown</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Blenn Powell, Sheriff of Boone Co.</u>	ADDRESS _____
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crushed Chest</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Multiple leg fractures</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) <u>Columbia</u> , (COUNTY) <u>Boone</u> , (STATE) <u>Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>2 24 54 8:30 pm.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Hit by Car.</u>
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22. I hereby certify that I attended the deceased from 2/24, 1954, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 8:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Lenny H. Sweets Jr. M.D. Coroner</u> (Degree or title) _____	23b. ADDRESS <u>Columbia Mo</u>	23c. DATE SIGNED <u>3-1-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-3-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Columbia Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Columbia, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Mar. 3 1954</u>	REGISTRAR'S SIGNATURE <u>Mrs R.E. Palmer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Parer Funeral Service</u>	ADDRESS <u>Columbia Mo</u>
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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.....  
Signature of Student Embalmer

Signed..... *Thomas L. Garrison*

Licensed Embalmer No..... *416*

P. O. Address *W. L. Garrison*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.