

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9933

State File No. \_\_\_\_\_

FILED MAR 19 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2312

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>JEFFERSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>PEUELY,</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bethesda Gen. Hosp.</u>		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>R # 1</u>	

3. NAME OF DECEASED (Type or Print) <u>FAITH</u>			a. (First)	b. (Middle)	c. (Last) <u>CAVENDER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>3 12 1954</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>1-19-1916</u>		9. AGE (In years last birthday) <u>38</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. 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>At Home.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Eminence, Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Elijah Thomas</u>			13b. MOTHER'S MAIDEN NAME <u>Pearl Panku</u>			14. NAME OF HUSBAND OR WIFE <u>Liness Cavender.</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. <u>Nil.</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Clifford K. Thomas, 7174 Kensington</u>						

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>NEPHRITIS, Lower Nephron</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<u>3-8-1954</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						<u>3-8-54</u>	
		DUE TO (b) <u>Pancreatitis, Gangrenous</u>						<u>3-7-1954</u>	
		DUE TO (c) <u>Acute x Chronic Cholecystitis</u>							

19a. DATE OF OPERATION <u>3/10/54</u>		19b. MAJOR FINDINGS OF OPERATION <u>Cholecystitis &amp; cholelithiasis, Acute Pancreatitis</u>						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? <u>584x</u>					

22. I hereby certify that I attended the deceased from 3-8, 1954, to 3-12, 1954, that I last saw the deceased alive on 3/12, 1954, and that death occurred at 4 a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John W Stewart MD</u>		23b. ADDRESS <u>4660 Maryland St. Kansas Mo</u>		23c. DATE SIGNED <u>3/12/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>3-12-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crisco Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Salem, Missouri.</u>	

DATE REC'D BY LOCAL REG. <u>MAR 12 1954</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert H. Hoppe 4700 Washi ngton.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 *E. W. Wilkins*

Licensed Embalmer No. *35*

P. O. Address *N. Low*

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.