

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6057

State File No.

FILED FEB 21 1955

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| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | | Registrar's No. _____ | | |
| 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>Pulaski</u> | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | | c. LENGTH OF STAY (In this place) <u>0</u> | | c. CITY OR TOWN <u>Dixon</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>Missouri Baptist Hosp.</u> | | | | e. STREET ADDRESS (If rural, give location) <u>0850 /</u> | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>LAURA</u> b. (Middle) <u>C.</u> c. (Last) <u>CARDIN</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 8 1955</u> | | | | | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u> | | 8. DATE OF BIRTH <u>March 4, 1875</u> | | |
| 9. AGE (In years last birthday) <u>79</u> | | IF UNDER 1 YEAR Months _____ | | IF UNDER 2 HRS. Hours _____ | | IF UNDER 2 MIN. Min. _____ | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Dixon, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>William Matthews</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Millie Ann Reagen</u> | | 14. NAME OF HUSBAND OR WIFE <u>Late William A. Cardin</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 <u>Ruth Dawson</u> ADDRESS <u>7523 Trenton-U. City, 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, asthma, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CHRONIC VALVULAR HEART DISEASE</u> <u>AORTIC STENOSIS AND MITRAL INSUFFICIENCY</u> <u>ARTERIOSCLEROTIC HEART DISEASE</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) _____ | | | | INTERVAL BETWEEN ONSET AND DEATH <u>11 DET</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) _____ | | 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>410x</u> | | | | | | |
| 22. I hereby certify that I attended the deceased from <u>DEC. 14, 1953</u> to <u>FEB 8, 1955</u> , that I last saw the deceased alive on <u>FEB 7, 1955</u> and that death occurred at <u>12:15 A.</u> m., from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE <u>Robert A. Mayer M.D.</u> (Degree or title) <u>0</u> | | | | 23b. ADDRESS <u>539 N. GRAND ST. LOUIS 3 Mo</u> | | 23c. DATE SIGNED <u>FEB. 8, 55</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal (Mtr)</u> | | 24b. DATE <u>Feb. 9, 1955</u> | | 24c. NAME OF CEMETERY OR CREMATORY _____ | | 24d. LOCATION (City, town, or county) (State) <u>Dixon, Mo.</u> | | |
| DATE REC'D BY LOCAL REG. <u>FEB 9 1955</u> | | REGISTRAR'S SIGNATURE <u>Carl Smith Mo</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Kriegshauser</u> ADDRESS <u>4228 S. Kingshighway Bl.</u> | | | | |

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

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 *William B. White*.....

Licensed Embalmer No. *479*.....

P. O. Address *422 Astor*.....

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.