No. 300
10-48

FILED MAR 22 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9206

State File No.

BIRTH NO. REG. DIST. NO. 296 PRIMARY REG. DIST. NO. 6018 Registrar's No. 10

1. PLACE OF DEATH
a. COUNTY Ray 0890 /
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural-Fishing River
c. LENGTH OF STAY (In this place) 40 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 4 miles SW of Rayville

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Ray 1890
c. CITY OR TOWN Rayville
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒ 0
e. STREET ADDRESS (If rural, give location) 4 miles SW of Rayville

3. NAME OF DECEASED (Type or Print)
a. (First) GILBERT
b. (Middle) FRANCIS
c. (Last) CARDER

4. DATE OF DEATH (Month) (Day) (Year) March 14, 1955

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /
8. DATE OF BIRTH May 10, 1896
9. AGE (In years last birthday) 58 | 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) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (City and State or Foreign Country) Monroe County, Kentucky /
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Clifton T. Carder
13b. MOTHER'S MAIDEN NAME Cynthia E. Tyree
14. NAME OF HUSBAND OR WIFE Arah Elsie Creason Carder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 496-09-8396
17. INFORMANT'S SIGNATURE OR NAME Arah Elsie Carder, RR, Rayville, Mo. ADDRESS

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) Metastatic Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Carcinoma of Prostate — 3-4 yrs?

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Sept. 54
19b. MAJOR FINDINGS OF OPERATION Carcinoma of Prostate 177X
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) Rayville (COUNTY) Ray (STATE) Mo.

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* May, 1954, *to* March 14, 1955, *that I last saw the deceased alive on* March 14, 1955, *and that death occurred at* 3:40 P m., *from the causes and on the date stated above.*

23a. SIGNATURE Walter E. Buehrer (Degree or title) MD
23b. ADDRESS O'Fallon Mo
23c. DATE SIGNED 3/17/55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Mar. 16, 1955
24c. NAME OF CEMETERY OR CREMATORY Salem Cemetery
24d. LOCATION (City, town, or county) (State) Excelsior Springs, Mo.

DATE REC'D BY LOCAL REG. 3-18-55
REGISTRAR'S SIGNATURE Helen K. Larkin 272
25. FUNERAL DIRECTOR'S SIGNATURE Levant Thurman ADDRESS Richmond, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 emba

by me, ~~or by~~ ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Wm. L. Thurman

Licensed Embalmer No. 4563

P. O. Address Richmond, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa 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.