

FILED OCT 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29302

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>1048</u>		
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph, Mo.</u>		c. LENGTH OF STAY (in this place) <u>2-Days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph, Mo.</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1521 Buchanan Ave.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Elsie</u> b. (Middle) <u>Miranda</u> c. (Last) <u>Cartrite</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 25, 1949</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Febr. 2, 1862</u>		
9. AGE (In years last birthday) <u>87</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 100 YRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>North Carolina</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>David Hutchens</u>			13b. MOTHER'S MAIDEN NAME <u>Susan Wooten</u>			14. NAME OF HUSBAND OR WIFE <u>John</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>D.E. Cartwright</u>		ADDRESS <u>Maysville, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hem.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Gen. Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypostatic Pneumonia</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>yes</u> <u>33IX</u> <u>2 days</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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>9/23/49</u> , 19 <u>49</u> , to <u>Sept 25, 1949</u> , that I last saw the deceased alive on <u>9/25</u> , 19 <u>49</u> , and that death occurred at <u>10:30Am.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Mrs. Grumet</u>				23b. ADDRESS <u>ST Joseph Mo</u>		23c. DATE SIGNED <u>9/26/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/28/1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Fairport Missouri</u>		
DATE REC'D BY LOCAL REG <u>Sept. 30, 1949</u>		REGISTRAR'S SIGNATURE <u>E. G. Jenkins</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Herman W. Sidenfaden</u>		ADDRESS <u>1802 Union St</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48
117

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.

Signed

Elmer Thomas

Signed.....

Student Embalmer

Licensed Embalmer No. 2640

P. O. Address. St. Joseph, 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.