No. 300
10.48

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

FILED SEP 30 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31303

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 319

80 6

1. PLACE OF DEATH
a. COUNTY: Pettis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sedalia
c. LENGTH OF STAY (in this place): 36 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bothwell Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pettis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sedalia 80
d. STREET ADDRESS (If rural, give location): R.F.D. #2

3. NAME OF DECEASED (Type or Print)
a. (First): Joseph
b. (Middle): LAFAyette
c. (Last): CARTWRIGHT

4. DATE OF DEATH (Month) (Day) (Year): Sept. 18 - 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 2 - 1862
9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months: ; Days: 16 — 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:
11. BIRTHPLACE (State or foreign country): Pettis Co. Mo. 6
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Dr. Jos. L Cartwright
13b. MOTHER'S MAIDEN NAME: Laura Mitchum
14. NAME OF HUSBAND OR WIFE: Lizzie
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S SIGNATURE OR NAME: H. Clyde Cartwright — ADDRESS: Sedalia

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) Massive Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteri-Sclerosis - Hypertension — 5 yrs.
DUE TO (c) Myocarditis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Mental Deterioration - Toxemia - Hypertrophied Prostate - Stricture of Urethra — 3 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
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) (COUNTY) (STATE):
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* 9-12, 1949, *to* 9-18, 1949, *that I last saw the deceased alive on* 9-17, 1949, *and that death occurred at* 2:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Frank B. Berry (Degree or Title) M.D.
23b. ADDRESS: Sedalia Mo
23c. DATE SIGNED: 9-19-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-20-49
24c. NAME OF CEMETERY OR CREMATORY: Crown Hill
24d. LOCATION (City, town, or county) (State): Sedalia Mo

DATE REC'D BY LOCAL REG.: 9-20-49
REGISTRAR'S SIGNATURE: Betty Yeager Deputy
25. FUNERAL DIRECTOR'S SIGNATURE: McLaughlin Bros — ADDRESS: Sedalia Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED SEP 27
District Health Officer No. 8,
District File
Date Filed 9-28-49

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 .....
Student Embalmer

Signed K P M Crary

Licensed Embalmer No. 3153

P. O. Address Sedalia 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.