

FILED FEB 28 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4153

BIRTH NO. _____		REG. DIST. NO. 70		PRIMARY REG. DIST. NO. 4124		Registrar's No. 11											
1. PLACE OF DEATH a. COUNTY Clark				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clark													
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kahoka		c. LENGTH OF STAY (In this place) 25 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kahoka		0230											
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)													
3. NAME OF DECEASED (Type or Print) Roy A. Cartwright			b. (Middle) A.		c. (Last) Cartwright		4. DATE OF DEATH (Month) (Day) (Year) 2-22-1951										
5. SEX male		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Jan 10 - 1878		9. AGE (In years last birthday) 73		# UNDER 1 YEAR Months		# UNDER 1 YEAR Days		# UNDER 1 HRS. Hours		# UNDER 1 HRS. 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) Clark Co. Missouri				12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13a. FATHER'S NAME James Cartwright				13b. MOTHER'S MAIDEN NAME Sarah Stewart				14. NAME OF HUSBAND OR WIFE									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO.				17. INFORMANT'S SIGNATURE OR NAME James Cartwright				ADDRESS Kahoka Mo.					
18. CAUSE OF DEATH - Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION										INTERVAL BETWEEN ONSET AND DEATH					
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Burned to death										E 9160 16					
		ANTECEDENT CAUSES DUE TO (b) Old building in which he lived was DUE TO (c) because															
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.															
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION										20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. MODE OF DYING (Specify) SUICIDE HOMICIDE accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kahoka, Clark, Mo.											
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Feb. 22, 1951 12:30		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Misdwelling burned													
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1:45 A.M., from the causes and on the date stated above.																	
23a. SIGNATURE Perry S. Barton, Coroner						23b. ADDRESS Kahoka, Mo.				23c. DATE SIGNED 2-22-51							
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-23-51		24c. NAME OF CEMETERY OR CREMATORY Kahoka Cemetery				24d. LOCATION (City, town, or county) (State) Kahoka, Clark, Mo.									
DATE REC'D BY LOCAL REG. 2/23-51		REGISTRAR'S SIGNATURE A. L. Bridges				25. FUNERAL DIRECTOR'S SIGNATURE Fred Charles Kahsky, Mo.				ADDRESS							

(Licensed Embalmer's Statement on Reverse Side)

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

0230

0230

Date Received: FEB 26 1951
DISTRICT HEALTH OFFICE #2
District File Number 2-51-451
Date Filed: FEB 26 1951

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Fred Karle

Licensed Embalmer No. 1245

P. O. Address Kabota 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.