

FILED AUG 25 1951

STANDARD CERTIFICATE OF DEATH

State File No. 28119

318

1003

Registrar's No. 7142

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>Florida</u> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Lucie, Fla.</u>		c. LENGTH OF STAY (in this place) <u>2 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Tampa</u>		809.0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Lucie Children's Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>R R # 1 Box 18</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Murray</u>		b. (Middle) <u>Jeanne</u>		c. (Last) <u>Cartmill</u>	
4. DATE OF DEATH		(Month) (Day) (Year)		<u>Aug 10 51</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED NEVER MARRIED, WIDOWED DIVORCED (Specify) <u>0</u>		8. DATE OF BIRTH <u>3-30-51</u>	
9. AGE (In years last birthday)		If Under 1 Year Months Days		If Under 1 Year Hours Min.		<u>4 10</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Tokyo - Japan</u>		12. CITIZEN OF WHAT COUNTRY? <u>Amer</u>	
13a. FATHER'S NAME <u>Richard S. Cartmill</u>		13b. MOTHER'S MAIDEN NAME <u>Carolyn Stegal</u>		16. 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)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Richard Cartmill</u>		ADDRESS <u>Tampa Fla</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Edema</u>				INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Meningocele</u>					
		DUE TO (c)					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>751X</u>			
22. I hereby certify that I attended the deceased from <u>8-9</u> , 19 <u>51</u> , to <u>8-10</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>8-10</u> , 19 <u>51</u> , and that death occurred at <u>7:00 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Dr. J. J. Smith, M.D.</u>				23b. ADDRESS <u>Barnes Hosp</u>		23c. DATE SIGNED <u>8-9-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>8-9-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Jefferson City</u>		24d. LOCATION (City, town, or county) (State) <u>Ma</u>	
DATE REC'D BY LOCAL REG. <u>AUG 10 1951</u>		REGISTRAR'S SIGNATURE <u>J. J. Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland Mortuary Service, Inc.</u>			
				4334 North 1st St. Tampa, Fla.		SSU 101910MMo	

(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 embalmed by me, or by.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Ronald J. Galuska

Signed.....
Student Embalmer

Licensed Embalmer No. *3917*

P. O. Address *St. Louis 10 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.