

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 10 1951

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 83

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Brookfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Brookfield</u> <u>0572</u>	
c. LENGTH OF STAY (in this place) <u>59 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>508 Pettijohn St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>508 Pettijohn St</u>		d. STREET ADDRESS <u>508 Pettijohn St</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ESSIE</u> b. (Middle) <u>LEE</u> c. (Last) <u>CARTWRIGHT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct - 3 - 1951</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept - 8 - 1878</u>
9. AGE (in years last birthday) <u>73</u>		10. MONTHS <u>0</u>	11. DAYS <u>25</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Brimbo Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Andrew W. Kinney</u>		13b. MOTHER'S MAIDEN NAME <u>Lee Ann Harris</u>	
14. NAME OF HUSBAND OR WIFE <u>Thos Cartwright</u>		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>Thos Cartwright</u>	
18. ADDRESS <u>Brookfield Mo</u>		18. ADDRESS	
18. CAUSE OF DEATH Enter one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): <u>Chronic Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Int. Nephritis</u> DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>64-81</u> <u>10yo?</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>592X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20. AUTOPSY?	
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)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>7-1</u> , 19 <u>51</u> , to <u>10-3</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>10-3</u> , 19 <u>51</u> , and that death occurred at <u>7:30</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>66 Emoh</u>		23b. ADDRESS <u>Brookfield Mo</u>	
23c. DATE SIGNED <u>10-5-51</u>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 5-1951</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Brookfield Mo</u>	
DATE REC'D BY LOCAL REG. <u>10-6-51</u>		REGISTRAR'S SIGNATURE <u>Watersturn</u>	
25. FEDERAL DIRECTOR'S SIGNATURE <u>W. B. Blacklock</u>		25. FEDERAL DIRECTOR'S SIGNATURE <u>W. B. Blacklock</u>	

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

Date Received: OCT 8 1951
DISTRICT HEALTH OFFICE #2
District File Number 10-541768
Date Filed: OCT 8 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 *J. B. Blacklock*

Signed.....
Student Embalmer

Licensed Embalmer No. *2246*

P. O. Address *Beaufield 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.