

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4767

State File No. _____

822

FILED MAR 15 1954

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

| | | | | | | | | |
|---|--|--|---|---|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">Jackson</p> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p style="text-align: center;">Missouri</p> | | | b. COUNTY <p style="text-align: center;">Grundy</p> | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">Kansas City</p> | | c. LENGTH OF STAY (in this place) <p style="text-align: center;">3 weeks</p> | c. CITY OR TOWN <p style="text-align: center;">Spickard City</p> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <p style="text-align: center;">2700 Campbell</p> | | | e. STREET ADDRESS (If rural, give location) <p style="text-align: right;">0400 1</p> | | | | | |
| 3. NAME OF DECEASED (Type or Print) | | | a. (First) <p style="text-align: center;">SYLVIA</p> | b. (Middle) <p style="text-align: center;">LILLIAN</p> | c. (Last) <p style="text-align: center;">CARTMILL</p> | 4. DATE OF DEATH (Month) (Day) (Year) <p style="text-align: center;">Feb. 23, 1954</p> | | |
| 5. SEX <p style="text-align: center;">Female</p> | 6. COLOR OR RACE <p style="text-align: center;">White</p> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p style="text-align: center;">Married</p> | 8. DATE OF BIRTH <p style="text-align: center;">Sept. 8, 1899</p> | | 9. AGE (In years last birthday) <p style="text-align: center;">54</p> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p style="text-align: center;">At home</p> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) <p style="text-align: center;">Missouri D</p> | | 12. CITIZEN OF WHAT COUNTRY? <p style="text-align: center;">USA</p> | | |
| 13a. FATHER'S NAME <p style="text-align: center;">William Leeper</p> | | | 13b. MOTHER'S MAIDEN NAME <p style="text-align: center;">Elizabeth Batson</p> | | 14. NAME OF HUSBAND OR WIFE <p style="text-align: center;">Cleveland Cartmill</p> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p style="text-align: center;">no</p> | | 16. SOCIAL SECURITY NO. <p style="text-align: center;">unknown</p> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <p style="text-align: center;">Mrs. Chas. Brown, 2922 Wallace, K.C. MO.</p> | | | | | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Left Breast with Metastases local & distant.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <p style="text-align: center;">3 years</p> | |
| 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) m. | | 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>Feb 16, 1954</u> to <u>Feb 23, 1954</u> that I last saw the deceased alive on <u>Feb 22, 1954</u> , and that death occurred at <u>8:45 PM</u> from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE <p style="text-align: center;">B. S. Long</p> | | | 23b. ADDRESS <p style="text-align: center;">4800 E. 24th</p> | | | 23c. DATE SIGNED <p style="text-align: center;">2-23-54</p> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <p style="text-align: center;">Removal</p> | | 24b. DATE <p style="text-align: center;">2-23-54</p> | 24c. NAME OF CEMETERY OR CREMATORY <p style="text-align: center;">North Evans Cem.</p> | | 24d. LOCATION (City, town, or county) (State) <p style="text-align: center;">Spickard, Missouri</p> | | | |
| DATE REC'D BY LOCAL REG. <p style="text-align: center;">2-23-54</p> | | REGISTRAR'S SIGNATURE <p style="text-align: center;">Bereldine Smith</p> | | 25. FUNERAL DIRECTOR'S SIGNATURE <p style="text-align: center;">STINE & McCLURE UND. CO.</p> | | ADDRESS <p style="text-align: center;">K.C. MO.</p> | | |

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

Dr. R. S. Lang
4800 East 24th.
Be. 5949

TOD 8:45 AM

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
Signature of Student Embalmer

Signed Gerald A. Burges

Licensed Embalmer No. 4763

P. O. Address K. C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.