

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36269

FILED DEC 12 1955

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 70 PRIMARY REG. DIST. NO. 4124 Registrar's No. 59

1. PLACE OF DEATH a. COUNTY <u>CLARK</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CLARK</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kahoka,</u>		c. CITY OR TOWN <u>Kahoka, Missouri</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>0230</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>VIOLA</u>	b. (Middle)	c. (Last) <u>Cartwright</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>11 - 25 - 1955</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar. 7 - 1877</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (The kind of work done during most of working life, even if retired) <u>Housekeeping</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Clark County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>J. W. Ash</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Ann Hanslaw</u>	14. NAME OF HUSBAND OR WIFE <u>Henry C. Cartwright</u>
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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>James W. Cartwright</u>	ADDRESS <u>Kahoka, Mo.</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of the Stomach</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 Years</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. <u>151X</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Jan. 1<sup>st</sup>, 1955, to Nov. 25<sup>th</sup>, 1955, that I last saw the deceased alive on Nov. 1<sup>st</sup>, 1955, and that death occurred at 2 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>L. Bridges</u>	(Degree or title)	23b. ADDRESS <u>Kahoka, Missouri</u>	23c. DATE SIGNED <u>12/2<sup>nd</sup> 55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11/27<sup>th</sup> 55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Kahoka Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Kahoka Missouri</u>
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DATE RECD BY LOCAL REG. <u>12/2-55</u>	REGISTRAR'S SIGNATURE <u>L. Bridges</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred Harce</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

0.300  
0.48

230  
12

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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..... *Fred J. Karle*

Licensed Embalmer No. *102*

P. O. Address *Kahoka, Mis*

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.