

FILED MAY 12 1958

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 216

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-57

1. PLACE OF DEATH a. COUNTY BOONE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY SALINE - 0970	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN COLUMBIA		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN SALINE MIAMI Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION U. of Mo. Medical Center, 7mo		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) Box 104 Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First BARRY Middle LOUIS Last CARTEE			4. DATE OF DEATH Month May Day 8 Year 1958				
5. SEX MALE	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug 30, 1957		9. AGE (In years last birthday) 8 Months 9 Days	IF UNDER 1 YEAR Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Columbia mo		12. CITIZEN OF WHAT COUNTRY? United States	
13a. FATHER'S NAME LESTER L. CARTEE			13b. MOTHER'S MAIDEN NAME RUBY PERKINS		14. NAME OF HUSBAND OR WIFE none		
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. none		17. INFORMANT Address Lester Lee Cartee Miami Mo			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) myocardial heart failure		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) congenital heart disease (probable VSD)		
DUE TO (c) 7542		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.		

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) in hospital 10/21/57 to 5/9/58	20f. CITY, TOWN, OR LOCATION MIAMI	COUNTY	STATE
21. I attended the deceased from May 1st to May 9th and last saw her alive on May 8th, 1958 Death occurred at 8:20 P m on the date stated above; and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) Helen M. Waiches, M.D.	22b. ADDRESS Univ. Hospital, Columbia, Mo	22c. DATE SIGNED 5/9/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE May 9 1958	23c. NAME OF CEMETERY OR CREMATORY MIAMI CEMETERY	23d. LOCATION (City, town, or county) (State) MIAMI MO.
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24. FUNERAL DIRECTOR Harry Henchberger	ADDRESS Marshall Mo	25. DATE RECD. BY LOCAL REG. May 9 1958	26. REGISTRAR'S SIGNATURE Mrs R.E. Palmer
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Harry Herzberger*

Licensed Embalmer No. *4357*

P. O. Address *Marshall*

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.