

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-014109
STATE FILE NUMBER

FILED APR 22 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1588

300
1-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson <u>7000</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City,	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Blue Springs	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hosp.		Length of stay in 1b 17 days	d. STREET ADDRESS (If outside, give location) 38 E. Lake Tapawingo
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Ethel Middle Cartland Last Cartland			4. DATE OF DEATH Month March Day 26 Year 1958		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 7-29-1888	9. AGE (In years) 69	IF UNDER 1 YEAR Months 1 Days 1 Hours 1 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Lenoir, North Carolina		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John A. Courtney		13b. MOTHER'S MAIDEN NAME Unknown Webb		14. NAME OF HUSBAND OR WIFE J. Herbert Cartland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT J. Herbert Cartland Address Blue Springs, Mo. 38 E. Lake Tapawingo	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute hepatic insufficiency		INTERVAL BETWEEN ONSET AND DEATH Mar 1958 1958 5810
DUE TO (b) Cerebral of Liver		
DUE TO (c) —		
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 checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" 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 — Month, Day, Year — a.m. — 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.) —	20f. CITY, TOWN, OR LOCATION —	COUNTY —	STATE —
21. I attended the deceased from 3/16/58 to 3/26/58 and last saw her alive on 3/26/58 Death occurred at 7:10 pm on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE COJETA MD		22b. ADDRESS 1010 Prof Bldg; KC Mo		22c. DATE SIGNED 3/27/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	23b. DATE 3/28/58	23c. NAME OF CEMETERY OR CREMATORY D. W. Newcomer's	23d. LOCATION (City, town, or county) (State) Kansas City, Missouri
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24. FUNERAL DIRECTOR Stine & McClure Und. Co., K. C., MO.	ADDRESS —	25. DATE RECD. BY LOCAL REG. 3-27-58	26. REGISTRAR'S SIGNATURE Beva Marshall
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

G. G. Leitch

All diseases in Part I must be causally related.

V 1 2 1109
11:30-5:00

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 *William M. Turner*

Licensed Embalmer No. *4648*
Kansas City, 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.