

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024222

STATE FILE NUMBER

FILED JUL 2 1958 Registration District No. 319 Primary Registration District No. 6080 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY St. Genevieve		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Genevieve	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Womack - SALINE TWP Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Womack 09500 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Womack, Mo. Length of stay in lb 39 yrs.		d. STREET ADDRESS (If outside, give location) Womack, Mo. Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) William Thomas Cartee First Middle Last			4. DATE OF DEATH June 22, 1958 Month Day Year
5. SEX Male	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 June 12, 1875
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		100. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Doe Run, Mo
13. FATHER'S NAME James Cartee		14. MOTHER'S MAIDEN NAME Nancy Pritchett	
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 Mrs. Mary Cartee, Womack, Mo. Address
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Haemorrhage			INTERVAL BETWEEN ONSET AND DEATH 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Arterio Sclerosis			331X year
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Minimal Insufficiency			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"/>		200. 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. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from June 18 to June 22 and last saw him alive on June 20 1958 Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) W. S. Williams		22b. ADDRESS 153 W. Main Fredericktown, Mo.	22c. DATE SIGNED 6/23/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/25/58	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	23d. LOCATION (City, town, or county) (State) Madison County, Mo.
24. FUNERAL DIRECTOR Najim Funeral Home, Fredericktown, Mo. ADDRESS		25. DATE RECD. BY LOCAL REG. 6/24/58	26. REGISTRAR'S SIGNATURE W. S. Williams

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Charles McPart*

Licensed Embalmer No. *48*

P. O. Address *Fredrick*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.