

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044020
STATE FILE NUMBER

FILED DEC 18 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5729

300
1-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Clay	
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION Indeman Nursing Home Length of stay in lb 54 yrs.		d. STREET ADDRESS (If outside, give location) 3903 E. 51 St. Terr. N. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Mary Middle L. Last Cartwright			4. DATE OF DEATH Month Dec. Day 2 Year 1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 30, 1880
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Mayesville Kentucky
13a. FATHER'S NAME Byron Shelton		13b. MOTHER'S MAIDEN NAME Mary McQuown	14. NAME OF HUSBAND OR WIFE Charles D. Cartwright
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, NO unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. ---	17. INFORMANT Address Terr. N. Mrs. J. Wallace Miller 3903 E. 51
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Coronary arteriosclerosis and DUE TO (c) Hypertensive vascular disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Heart			INTERVAL BETWEEN ONSET AND DEATH 5 minutes 7 years 10 years
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 --- 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 1 Oct 1947 to 2 Dec 1958 and last saw her alive on 2 Dec 1958 Death occurred at 4:30 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Blaine Z. Hibbard (Degree or title) D		22b. ADDRESS 411 Nichols RD KCMo	
22c. DATE SIGNED 3 Dec 58			
23a. BURIAL, CREMATION, REINTERMENT Removal	23b. DATE 12/6/58	23c. NAME OF CEMETERY OR CREMATORY Bethany	23d. LOCATION (City, town, or county) (State) St Louis Mo.
24. FUNERAL DIRECTOR Stine & McClure ADDRESS K. C. Mo.		25. DATE RECD. BY LOCAL REG. 12-4-58	26. REGISTRAR'S SIGNATURE neva marshall

Blaine Z. Hibbard
MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
All diseases in Part I must be causally related.



04.1-4350
will be in office until 3 PM.

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*
P. O. Address *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.