FILED VS DEC 6 1960

DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-042466
STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 581

1. PLACE OF DEATH
a. COUNTY JASPER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION FREEMAN HOSPITAL — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JASPER
c. CITY OR TOWN JOPLIN — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 2121 PEARL STREET — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First ZETTA Middle Last CARTWRIGHT
4. DATE OF DEATH Month Day Year NOVEMBER 30, 1960
5. SEX F
6. COLOR OR RACE W
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☒
8. DATE OF BIRTH 7-3-1890
9. AGE (last birthday) 70 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY HOME
11. BIRTHPLACE (City and state or country) COALHILL, ARK.
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME W. H. RUPPERT
13b. MOTHER'S MAIDEN NAME LADORAH BELTMAN
14. NAME OF HUSBAND OR WIFE ---
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. UNK
17. INFORMANT MISS RUBY CARTWRIGHT, Address 2121 PEARL ST.

MEDICAL CERTIFICATION

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 Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 18 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Nov. 30, 1960, to Nov. 30, 1960 and last saw her/him alive on Nov. 30, 1960
Death occurred at 3 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [illegible] M.D. (Degree or title)
22b. ADDRESS 607 Frisco Bldg, Joplin, Mo.
22c. DATE SIGNED 12-1-60

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 12-4-60
23c. NAME OF CEMETERY OR CREMATORY Muncy Chapel Cemetery
23d. LOCATION (City, town, or county) (State) Wheaton, Mo.

24. FUNERAL DIRECTOR STEVE PARKER MORTUARY, ADDRESS JOPLIN, MO.
25. DATE RECD. BY LOCAL REG. 12-2-1960
26. REGISTRAR'S SIGNATURE Dovie Merriam

BY AFFIDAVIT OF — DOCUMENT

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed T. M. Jones

Signature of Student Embalmer

Licensed Embalmer No. 2319

P. O. Address Joplin Mo

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