MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-001970
STATE FILE NUMBER

FILED VS JAN 17 1961

AMENDED

Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 6

1. PLACE OF DEATH
a. COUNTY Johnson

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Johnson

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Warrensburg
Length of stay in 1b

c. CITY OR TOWN Warrensburg
Inside Limits Yes ☐ No ☒

c. FULL NAME OF HOSPITAL OR INSTITUTION Warrensburg Medical Center Inc.
Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) Rfd 1A.
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Deborah Middle Faye Last Cartee

4. DATE OF DEATH Month Jan. Day 10 Year 1961

5. SEX Female

6. COLOR OR RACE White

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 1-10-61

9. AGE (last birthday) 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)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Warrensburg, Mo.

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Wm. J. Cartee

13b. MOTHER'S MAIDEN NAME Mary Ann Cooper

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. none

17. INFORMANT Wm. J. Cartee Address Warrensburg, Mo.

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) Prematurity — INTERVAL BETWEEN ONSET AND DEATH Hr
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 1-10-61, to 1-10-61 and last saw her ~~him~~ alive on 1-10-61
Death occurred at 9:15 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [signature] (Degree or title) M.D.

22b. ADDRESS Warrensburg, Missouri

22c. DATE SIGNED 1-11-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 1-11-61

23c. NAME OF CEMETERY OR CREMATORY Sunset Hill

23d. LOCATION (City, town, or county) Warrensburg, Missouri (State)

24. FUNERAL DIRECTOR Sweeney-Phillips ADDRESS Warrensburg, Mo.

25. DATE RECD. BY LOCAL REG. Jan. 11, 1961

26. REGISTRAR'S SIGNATURE Savannah Crutchfield

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

DOCUMENT BY AFFIDAVIT OF

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 Morris O Bailey

Licensed Embalmer No. 4887

P. O. Address Warrensburg 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.