

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-007317

AMENDED FILED VS FEB 23 1961 Registration District No. 391 Primary Registration District No. 6153 Registrar's No. 5 STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY STODDARD			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Stoddard		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Pike Twn.		Length of stay in 1b yrs.	c. CITY OR TOWN Bell City,		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A., S. E. Mo. Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Route # 1,		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First James Middle Ebbert Last Cartwright			4. DATE OF DEATH Month Jan. Day 25, Year 1961		
5. SEX Male	6. COLOR OR RACE W.	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-9-61	9. AGE (last birthday) 19	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY ----		11. BIRTHPLACE (City and state or country) Bell City, Missouri	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Delis Cartwright		13b. MOTHER'S MAIDEN NAME Winnie Mc Collum	
14. NAME OF HUSBAND OR WIFE ----		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. ----	
17. INFORMANT Delis Cartwright, Bell City, Rt. # 1		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Diabetic Coma DUE TO (b) Influenza DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 46 hours 36 hours	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	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 a.m. p.m. Month, Day, Year 		20d. INJURY OCCURRED WHILE AT WORK <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 Sept 56 to Jan 61 and last saw him alive on Jan 25, 61 Death occurred at Approx. 7 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (In green or blue) Stephen Paulino			
22b. ADDRESS Bloomfield		22c. DATE SIGNED 2-6-61		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE Jan. 30 -61		23c. NAME OF CEMETERY OR CREMATORY Walker cemetery		23d. LOCATION (City, town, or county) (State) Bloomfield, Missouri	
24. FUNERAL DIRECTOR CHILES UND. CO., BLOOMFIELD, MO.		25. DATE RECD. BY LOCAL REG. 2/13/61		26. REGISTRAR'S SIGNATURE Bernice Moore	

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,

& by Lulu Cooper # 3499, ~~Licensed Embalmer No.~~

~~work under my personal supervision~~

Student _____

Signature of Student Embalmer

Signed Ivan C. Cooper

Licensed Embalmer No. 4119

P. O. Address: Bloomfield, 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.