

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-032472

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Dr. Wakeman
AMENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 873

STATE FILE NUMBER

FILED SEP 26 1961

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY GREENE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		c. CITY OR TOWN SPRINGFIELD	
Length of stay in 1b 41 YRS.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. BURGE HOSP.		d. STREET ADDRESS (If outside, give location) 900 N. FARMER	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First ARTHUR Middle L. Last CARTWRIGHT			4. DATE OF DEATH Month SEPT. Day 14 Year 1951			
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 11/10/87	9. AGE (last birthday) 73	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED WATCHMAN	10b. KIND OF BUSINESS OR INDUSTRY REYNOLDS MFG. CO.	11. BIRTHPLACE (City and state or country) BARRY COUNTY, MO.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME FRANK CARTWRIGHT	13b. MOTHER'S MAIDEN NAME DELICIA HARGROVE	14. NAME OF HUSBAND OR WIFE JESSIE CARTWRIGHT
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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 Address JESSIE CARTWRIGHT, SPRINGFIELD, MO.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH hours
IMMEDIATE CAUSE (a) Coronary Thrombosis		
DUE TO (b) Hypertensive Cardiovascular Disease		1 year
DUE TO (c) Cardiomegaly		
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 checked="" 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 May 17 61 to Sept 14 61 and last saw her/him alive on Aug 15 1961 Death occurred at 3:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Degree or title) J. N. Wakeman MD	22b. ADDRESS Springfield, Mo.	22c. DATE SIGNED 9-16-61
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 9/16/61	23c. NAME OF CEMETERY OR CREMATORY HAZELWOOD
23d. LOCATION (City, town, or county) SPRINGFIELD, MO.		

24. FUNERAL DIRECTOR ADDRESS H. H. LOHMEYER FUNERAL HOME SPRINGFIELD, MO.	25. DATE RECD. BY LOCAL REG. 9-21-61	26. REGISTRAR'S SIGNATURE Effie E. Melton
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 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 *A. L. Moore*

Licensed Embalmer No. 2727

P. O. Address *Spokane*

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.