

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 61 Primary Registration District No. 4107 Registrar's No. 0034522 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED OCT 5 1964

1. PLACE OF DEATH a. COUNTY <u>Cedar</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Cedar</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>El Dorado Springs</u>		Length of stay in 1b	c. CITY OR TOWN <u>El Dorado Springs</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Cedar Co. Mem. Hospital</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>El Dorado Springs</u>	
3. NAME OF DECEASED (Type or print) First <u>Jamice</u> Middle <u>Lynn</u> Last <u>Cartwright</u>			4. DATE OF DEATH Month <u>September</u> Day <u>24</u> Year <u>1964</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-22-64</u>	9. AGE (last birthday) Months <u>2</u> Days <u>2</u> Hours <u></u> Min. <u></u>	IF UNDER 1 YEAR IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (City and state or country) <u>El Dorado Springs, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Edward Cartwright</u>		13b. MOTHER'S MAIDEN NAME <u>Edith Elliott</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT Address <u>Edward Cartwright El Dorado Spgs., Mo</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Prematurity-7 months</u>					INTERVAL BETWEEN ONSET AND DEATH
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. <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 _____ to _____ and last saw her her <u>alive</u> on _____ Death occurred at _____ P. _____ m on the date stated above, and to the best of my knowledge, from the causes stated.	9/22/64	9/24/64	9/24/64		
22a. SIGNATURE (Degree or title) <u>Wm Sundershaft MD</u>		22b. ADDRESS <u>El Dorado Springs, Mo</u>		22c. DATE SIGNED <u>9/26/64</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>9-27-64</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Clintonville Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>El Dorado Spgs., Mo.</u>		
24. FUNERAL DIRECTOR ADDRESS <u>Guinn-Carothers El Dorado Springs, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>9-30-64</u>	26. REGISTRAR'S SIGNATURE <u>Joe E. Dushan per J.I.</u>		

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 10201
 20201
 3 2
 4 1
 5 0
 6
 7 0
 8 0
 9 776 X
 10
 11
 12 1-2
 13 1-0
 INSTEAD OF
 DOCUMENT
 SHOULD READ
 BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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 May W. Dickering

Licensed Embalmer No. 4696

P. O. Address Ed. Dora Co. Sigs., S.W.

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.