SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

=61=033400
STATE FILE NUMBER

AMENDED

Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 119

FILED OCT 2 1961

1. PLACE OF DEATH
a. COUNTY Johnson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Warrensburg
Length of stay in 1b: 1 da.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Warrensburg Medical Center Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo., b. COUNTY Lafayette
c. CITY OR TOWN Washington Twns. Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 5 Mi. south of Mayvi[illegible] Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: Gladys Middle: Blanche Last: Cartwright

4. DATE OF DEATH Month Day Year: Sept. 25, 1961

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 10-2-98
9. AGE (last birthday): 62
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:
11. BIRTHPLACE (City and state or country): Lafayette Co., Mo.
12. CITIZEN OF WHAT COUNTRY:

13a. FATHER'S NAME: James M. Smitherman
13b. MOTHER'S MAIDEN NAME: Virginia Read
14. NAME OF HUSBAND OR WIFE: Harvey Cartwright

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.: 497-36-4975
17. INFORMANT Address: Harvey Cartwright, Higginsville, 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): Broncho Pneumonia Bilateral — one day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Extension, Upper Respiratory Infection — one week
DUE TO (c): Viral etiology

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Leukemia; Lymphocytic, Chronic, Aplastic anemia

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 5-1-60 to 9-25-61 and last saw her/him alive on 9-25-61
Death occurred at 12:30 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Keith D. Jones, M.D.
22b. ADDRESS: Warrensburg, Mo.
22c. DATE SIGNED: 9-26-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Sept. 27, 1961
23c. NAME OF CEMETERY OR CREMATORY: Oak Grove Cemetery
23d. LOCATION (City, town, or county) (State): Oak Grove, Mo.

24. FUNERAL DIRECTOR ADDRESS: Husman-Sparks, Odessa, Mo.
25. DATE RECD. BY LOCAL REG.: Sept. 26, 1961
26. REGISTRAR'S SIGNATURE: Savannah Crutchfield

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | SHOULD READ | BY AFFIDAVIT OF | DOCUMENT
ITEM NO.

OCT 30 1961

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 Jerry L. Freeman

Licensed Embalmer No. 7541

P. O. Address Odessa, 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.