

FILED SEP 20 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31497

State File No. 3921

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1001 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL, and give township) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sweet Springs Mo</u>	
c. LENGTH OF STAY (in this place) <u>3 weeks</u>		d. STREET ADDRESS (If rural, give location) <u>311 W. Main</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lakeside Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>CARTIE</u> b. (Middle) <u>E</u> c. (Last) <u>BOBBITT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 3 1952</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>February 11, 1883</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min. <u>69</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, except retired) <u>Housewife</u>	
11. BIRTHPLACE (State or foreign country) <u>Sweet Springs Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. KIND OF BUSINESS OR INDUSTRY <u>None</u>	

13a. FATHER'S NAME <u>G. R. Bright</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Dexter Bobbitt</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'S SIGNATURE OR NAME ADDRESS <u>Dexter Bobbitt Sweet Springs Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>LEIOMYOSARCOMA of uterus about 17cm</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>LEIOMYOSARCOMA of uterus about 17cm</u>		INTERVAL BETWEEN ONSET AND DEATH <u>174K</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION <u>8-12-52</u>		19b. MAJOR FINDINGS OF OPERATION <u>Leiomyosarcoma of uterus filling Pelvic Cavity</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Sweet Springs Mo. Jackson</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>None</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>None</u>	

22. I hereby certify that I attended the deceased from Aug-10- 1952 to Sept 3- 1952, that I last saw the deceased alive on Sept 3- 1952, and that death occurred at 2:30P m., from the causes and on the date stated above.

23a. SIGNATURE <u>C. A. Kovlovich</u> (Degree or title)		23b. ADDRESS <u>Do. 2-25 E. 12th St. K C 6 Mo</u>		23c. DATE SIGNED <u>9-4-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Sept 6 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>South Park Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Sweet Springs Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S ADDRESS <u>Parker Funeral Home, Sweet Springs Mo.</u>	

DATE REC'D BY LOCAL REG. 9-5-52

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 22 1961

VS MAY 24 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Chas E Wilks

Signed.....
Student Embalmer

Licensed Embalmer No. *2644*

P.O. Address *Kansas City 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 this body is not embalmed, fact should be so stated above.