Health, Welfare Public Service

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1-56

FILED SEP 4 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29632
STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 83

1. PLACE OF DEATH State Hosp. No 3
a. COUNTY Vernon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Nevada State Hosp. No 3 — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Pettis Co.
c. CITY OR TOWN Hughesville 0810 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) Unknown — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Clarence Middle Prentice Last Cartright
4. DATE OF DEATH Month 9 Day 1 Year 1956
5. SEX M
6. COLOR OR RACE W
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 3 18-1898
9. AGE (In years last birthday) 58 — IF UNDER 1 YEAR Months 5 Days 13 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (City and state or country) Pettis Co Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Dr C. P. Cartright
14. MOTHER'S MAIDEN NAME Fannie E. Jenkins
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. None
17. INFORMANT Adm. Papers Address

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) Carcinoma of Stomach. — INTERVAL BETWEEN ONSET AND DEATH yrs
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) Cerebral Syphilis with Psychosis 151XB
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 9-11-39, to 9-1-56 and last saw her/him alive on 9-1-56
Death occurred at 9-1-56 m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) E Allen Nickens MD
22b. ADDRESS Nevada Mo
22c. DATE SIGNED 9-1-56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 9-3-1956
23c. NAME OF CEMETERY OR CREMATORY Longwood
23d. LOCATION (City, town, or county) Longwood ~~Sedalia~~, Mo

24. FUNERAL DIRECTOR ADDRESS D W Hackart Sedalia, Mo.
25. DATE RECD. BY LOCAL REG. 9-1-56
26. REGISTRAR'S SIGNATURE Anna E Ferry

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Russell C. Ma

Licensed Embalmer No. 48

P. O. Address Sedalia

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.