

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40155  
STATE FILE NUMBER

FILED DEC 9 - 1957

Registration District No. 144 Primary Registration District No. 4234 Registrar's No. 107

Health,  
Welfare  
Public  
Service

300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

|  |                                  |   |  |   |  |  |   |
|--|----------------------------------|---|--|---|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Iron</u>   |                                  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u> |  |  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Ironton</u>  |                                  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>         | c. CITY OR TOWN <u>Bismarck</u>   |  | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>St. Mary's of The Ozarks</u>   |                                  |   | Length of stay in lb<br><u>2 Mo. 2 Days</u>  |   | d. STREET ADDRESS <u>3 Miles North</u> (If outside, give location)         |  | Reside on Farm<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print)<br>First <u>J.</u> Middle <u>ARCHIE</u> Last <u>CARTEE</u>   |                                  |   |  | 4. DATE OF DEATH<br>Month <u>Dec.</u> Day <u>2</u> Year <u>1957</u>   |  |  |   |
| 5. SEX<br><u>Male</u>  | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><u>Mar. 23, 1901</u>  |  | 9. AGE (In years last birthday)<br><u>56</u>   | IF UNDER 1 YEAR<br>Month <u>8</u> Day <u>9</u> Hours <u></u> Min. <u></u>             |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Miner</u>  |                                  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>St. Joseph Lead Co.</u>                              | 11. BIRTHPLACE (City and state or country)<br><u>Rivermines, Mo.</u>  |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u>   |   |
| 13. FATHER'S NAME<br><u>William Cartee</u>   |                                  |   |  | 14. MOTHER'S MAIDEN NAME<br><u>Anna Duval</u>   |  |  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>   |                                  | 16. SOCIAL SECURITY NO.<br><u>493-03-9106</u>   |  | 17. INFORMANT<br>Address<br><u>Mae Cartee Bismarck, Mo. RR#1</u>  |  |  |   |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Cerebrovascular P</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) |                                  |   |  |   |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>1 yr</u>                                       |
| 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:<br>Hour _____ a. m. _____ p. m.<br>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<br><u>Ironton, Missouri</u>  |  | COUNTY _____ STATE _____   |   |
| 21. I attended the deceased from <u>June 57</u> to <u>12-2-57</u> and last saw <u>him</u> alive on <u>12-2-57</u> .<br>Death occurred at <u>8 2</u> m on the date stated above; and to the best of my knowledge, from the causes stated.   |                                  |   |  |   |  |  |   |
| 22a. SIGNATURE<br><u>George A. Gray</u> (Degree or title) <u>M.D.</u>  |                                  |   |  | 22b. ADDRESS<br><u>Ironton, Missouri</u>  |  | 22c. DATE SIGNED<br><u>12-2-57</u>   |   |
| 23a. BURIAL, CREMATION, REPOSE (Specify)   |                                  | 23b. DATE<br><u>12-5-1957</u>   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Catholic</u>  |   | 23d. LOCATION (City, town, or county) (State)<br><u>Bismarck, Missouri</u> |  |   |
| 24. FUNERAL DIRECTOR<br><u>Shipman &amp; Sons Bismarck, Mo.</u>  |                                  |   |  | 25. DATE RECD. BY LOCAL REG.<br><u>12-4-57</u>  |  | 26. REGISTRAR'S SIGNATURE<br><u>Maecia Jones</u>                                     |   |

(Licensed Embalmer's Statement on Reverse Side)

DEC 12 1957

MS DEC 7 1958  
3 0 1958

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 *John W. Shipman*.....

Licensed Embalmer No. 4881

P. O. Address Bismarck, M.

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.