

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**63-038665**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 360 Primary Registration District No. 6227 Registrar's No. 176

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1 1080

2 1080

3 1

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7 1

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9 850X

10 42

11 108

12 90-3

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

ITEM NO. SHOULD READ

1. PLACE OF DEATH a. COUNTY <p style="text-align: center; font-size: 1.2em;">Vernon</p>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Deerfield, Twp.</u>		Length of stay in 1b	c. CITY OR TOWN <u>Nevada</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>R#1</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS <u>R#1</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <p style="text-align: center;">First Middle Last <b>GEORGE LLOYD CARTWRIGHT</b></p>			4. DATE OF DEATH Month Day Year <p style="text-align: center;"><b>September 7 1963</b></p>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>Wh</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>8-13-1912</u>	9. AGE (last birthday) <u>51</u>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming -tenant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Jim O'Connell Farm</u>		11. BIRTHPLACE (City and state or country) <u>Arkansas</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>George Cartwright</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Catherine McGinley</u>		14. NAME OF HUSBAND OR WIFE <u>Sr.</u> Address		
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>[REDACTED]</u>	17. INFORMANT <u>George Lloyd Cartwright-Seaside, Calif.</u>			
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: <p style="text-align: center;">IMMEDIATE CAUSE (a) <u>drowning</u></p> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>	
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 checked="" 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.) <u>man last seen on the 6th of September, 1963; body recovered September 11, 1963. Boat apparently capsized and he tried to make it to shore and was unable.</u>				
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	<u>recovered September 11, 1963. Boat apparently capsized and he tried to make it to shore and was unable.</u>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>About farm premises</u>	20f. CITY, TOWN, OR LOCATION <u>Route #1-Nevada,</u>	COUNTY <u>Vernon,</u>	STATE <u>Mo</u>		
21. Attended the deceased from _____ to _____ and saw him alive on <u>September 7, 1963</u> Death occurred at <u>between 12:01 p. m and 6:00 p. m</u> on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>Cproner</u>			22b. ADDRESS <u>Vernon County, Missouri</u>		22c. DATE SIGNED <u>9-13-1963</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>9-13-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Moore Cemetery</u>	23d. LOCATION (City, town, or county) <u>Nevada, Missouri</u> (State)			
24. FUNERAL DIRECTOR <u>Ferry Funeral Home, Nevada, Missouri</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>9-13-1963</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>			

**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: \_\_\_\_\_ Signed \_\_\_\_\_

Signature of Student Embalmer.

*L. Oringer Perry*

Licensed Embalmer No. 4960

P. O. Address Meridian, Mississippi

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.