

FILED NOV 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34542

BIRTH NO. _____ REG. DIST. NO. 243 PRIMARY REG. DIST. NO. 4364 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Barry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stella</u>		c. LENGTH OF STAY (In this place) <u>10 days</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Carswell Hospital</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wheaton</u>	
		d. STREET ADDRESS (If rural, give location) <u>1</u>	

3. NAME OF DECEASED (Type or Print) <u>EZRA</u> a. (First) b. (Middle) <u>Jasteen</u> c. (Last) <u>CARTWRIGHT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 16 1949</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Aug 4 1881</u>		9. AGE (In years last birthday) <u>68</u>		10. UNDER 1 YEAR: Months <u>2</u> Days <u>12</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Grocery man</u>		11. BIRTHPLACE (State or foreign country) <u>Barry Co Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Granbow R. Cartwright</u>		13b. MOTHER'S MAIDEN NAME <u>Delish Cartwright</u>		14. NAME OF HUSBAND OR WIFE <u>Emma Cartwright</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>5001 28-6175</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr Norman L. Dickson Wheaton</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of sigmoid</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			1534
		Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Oct. 6, 1949, to Oct. 16, 1949, that I last saw the deceased alive on Oct. 16, 1949, and that death occurred at 12:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>C. Carswell M.D.</u>		23b. ADDRESS <u>Stella Mo.</u>		23c. DATE SIGNED <u>10-19-49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 18, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rocky Comfort</u>	
				24d. LOCATION (City, town, or county) (State) <u>Barry Comfort Mo.</u>	

DATE REC'D BY LOCAL REG. <u>10-25-49</u>		REGISTRAR'S SIGNATURE <u>Alpha Dyer 369</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm. Moma Pogue Wheaton Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. NEWTON Co. HEALTH DEPT.

District File Number 1049-199

Date Filed OCT 31 1949

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 _____

James Kenneth Duncan
working under my personal supervision.

Student Embalmer No. 308

James Kenneth Duncan
Signed _____
Student Embalmer

Signed *W. Morris Poque*

Licensed Embalmer No. 3442

P. O. Address Wheaton 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.