

FILED NOV 22 1946

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36475

State File No. ....

Registration District No. ....

Primary Registration District No. 3017

Registrar's No. 254-17

1. PLACE OF DEATH:

(a) County **COOPER**  
(b) City or town **BOONVILLE**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **ST. JOSEPH'S HOSPITAL**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **ONE DAY**  
(Specify whether  
In this community **ONE DAY**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **COOPER**  
(c) City or town **SPEED**  
(If outside city or town limits, write "RURAL")  
(d) Street No. ....  
(If rural, give location)  
(e) Citizen of foreign country? **NO** (Yes or No)  
If yes, name country .....

3. (a) PRINT FULL NAME **WILLIAM SIMPSON CARY**

3. (b) If veteran, name war **NONE** 3. (c) Social Security No. ....

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **DELLA CARY** 6. (c) Age of husband or wife if alive **66** years

7. Birth date of deceased **SEPTEMBER 30 - 1892**  
(Month) (Day) (Year)

8. AGE: Years **54** Months **0** Days **2** If less than one day hr. .... min.

9. Birthplace **COOPER COUNTY MISSOURI**  
(City, town, or county) (State or foreign country)

10. Usual occupation **GROCERYMAN**

11. Industry or business **GROCERY**

12. Name **MOUNTERVILLE CARY**

13. Birthplace **KENTUCKY**  
(State or foreign country)

14. Maiden name **SUSTIE HILL**

15. Birthplace **COOPER COUNTY MISSOURI**  
(City, town, or county) (State or foreign country)

16. (a) Informant **S. W. CARY**

(b) Address **BUNCETON - MISSOURI**

17. (a) **BURIAL** (b) Date thereof **OCT. 6-1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **PILOT GROVE, MO.**

18. (a) Signature of funeral director **STEGNER**

(b) Address **BOONVILLE, MO.**

19. (a) **Oct. 3, 46** (b) **Clay Morris**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **OCTOBER** day **2**  
year **1946** hour **10:20** minute **2** M.

21. I hereby certify that I attended the deceased from **Sept 14** 1946 to **Oct 2** 1946  
that I last saw him alive on **Oct 2** 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage**

Due to **arteriosclerosis and hypertension**

Other conditions **430**  
(Include pregnancy within 3 months of death)

Major findings: Of operations **none**

Of autopsy **none**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) .....

(b) Date of occurrence .....

(c) Where did injury occur? .....

(d) Did injury occur in or about home, on farm, in industrial place, in public place? .....

While at work? (Specify type of place) Means of injury  
23. Signature **J. C. Beckett M.D.** (M.D. or other)  
Address **Boonville MO** Date signed **10-3-46**

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number. \_\_\_\_\_

Date Filed 11-16-46

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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 embalmed by me, or by \_\_\_\_\_

\_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed James W. Stearns

Licensed Embalmer No. 3780

P. O. Address Boonville, 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.