

U. S. No. 2
FORM-5-43
Rev. 5-17-39
I X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30505

FILED OCT 9 1947

Registration District No. 43 Primary Registration District No. 3007

State File No. Registrar's No. 347

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

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Poplar Bluff
(c) Name of hospital or institution: Poplar Bluff Hospital
(d) Length of stay: In hospital or institution 6 Weeks
In this community 30 years

3. (a) PRINT FULL NAME Cullen Bryant McCarty
3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife " 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb. 8, 1873

8. AGE: Years 74 Months 5 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace Unknown Iowa

10. Usual occupation Dentist

11. Industry or business "

MOTHER FATHER

12. Name Alexander McCarty

13. Birthplace Unknown Iowa

14. Maiden name Mary W. Iost

15. Birthplace Unknown Iowa

16. (a) Informant J.E. McCarty

(b) Address Columbus Ohio

17. (a) Burial (b) Date thereof 7-12-1947

(c) Place: burial or cremation Malden Cemetery

18. (a) Signature of funeral director Walter Piggott

(b) Address Piggott, Arkansas

19. (a) 10/3/47 (b) W. W. [Signature]

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County New Madrid
(c) City or town Gideon, ##
(d) Street No. _____
(e) Citizen of foreign country? No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 10 year 1947 hour 9:15 minute A M.

21. I hereby certify that I attended the deceased from May 27 1947 to July 10 1947; that I last saw him in alive on July 10 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Arteriosclerosis

Due to Had arterio sclerosis

Due to _____

Other conditions 94A
(Include pregnancy within 3 months of death)

Major findings: Had gangrene of foot
Of operations Operative 5 weeks before death
Of autopsy Pericardial completely free
placenta

PHYSICIAN
Underline the cause to which death should be charged statistically.

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)
(e) Means of injury 0

23. Signature Wm. [Signature] (M. D. or other) _____
Address Poplar Bluff Mo Date signed _____

RECEIVED

District Health Office No. 2,

District File Number 1047-132

Date Filed 10-2-47

DEC 28 1947

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.....

Licensed Embalmer No.....

P. O. Address.....

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.