

FILED MAR 30 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7260

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 89

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Missouri b. COUNTY Knox	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Edina	
d. FULL NAME OF HOSPITAL OR INSTITUTION Community Nurseing Home		d. STREET ADDRESS (If rural, give location) 4	

3. NAME OF DECEASED (Type or Print)	a. (First) James	b. (Middle) Edgar	c. (Last) McCarty	4. DATE OF DEATH (Month) (Day) (Year) March-25-1949
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July-4-1870	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Monroe Co. Virginia	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Caperton McCarty	13b. MOTHER'S MAIDEN NAME Mary E. Carter	14. NAME OF HUSBAND OR WIFE Mary Belle Allen
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Earl V. McCarty ADDRESS Edina, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 30 hr months years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Vasomotor Collapse		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Thrombotic encephalomalacia DUE TO (c) Arteriosclerosis (generalized)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 332X	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **March 20, 1949**, to **March 25, 1949**, that I last saw the deceased alive on **March 25, 1949**, and that death occurred at **8 A M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M. T. Lutenshuh J. D.	23b. ADDRESS Hillsville, Mo	23c. DATE SIGNED 3-25-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE March-27-1949	24c. NAME OF CEMETERY OR CREMATORY Woodville	24d. LOCATION (City, town, or county) (State) Clark County, Missouri.
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DATE REC'D BY LOCAL REG. 3-26-49	REGISTRAR'S SIGNATURE Kate Lambert	25. FUNERAL DIRECTOR'S SIGNATURE Keith Hudson ADDRESS Edina, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Ins. Officer No. 10

District File Number 3-49-5

Date Filed MAR 29 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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Keith Hudson

Signed _____
Student Embalmer

Licensed Embalmer No. 2415

P. O. Address Edina, 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.