

FILED JUN 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22356

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>360</u>		PRIMARY REG. DIST. NO. <u>6225</u>		Registrar's No. <u>114</u>	
1. PLACE OF DEATH a. COUNTY <u>Vernon 2</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <u>Mo</u> b. COUNTY <u>Gold 01</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Wash. Sup 17-6-29</u>		c. LENGTH OF STAY (In this place) <u>17-6-29</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Belivar R 5</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital # 5</u>				d. STREET ADDRESS (If rural, give location) <u>RFD # 5</u>			
3. NAME OF DECEASED a. (First) <u>ELIZABETH</u> b. (Middle) <u>M</u> c. (Last) <u>MCCARTHY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 22 1949</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>3-23-1919</u>	9. AGE (In years last birthday) <u>30</u> Months <u>2</u> Days <u>29</u>		10. UNDER 1 YEAR OF AGE (Specify)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		11. BIRTHPLACE (State or foreign country) <u>Belivar Mo</u>		12. CITIZENSHIP OF WHAT COUNTRY <u>U.S.</u>	
13a. FATHER'S NAME <u>J. R. McCarthy</u>		13b. MOTHER'S MAIDEN NAME <u>Emma (Don't know)</u>		14. NAME OF HUSBAND OR WIFE <u>Single</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hospital record</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Cardiac Insufficiency</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Epileptic Exhaustion</u> DUE TO (a) <u>✓</u> DUE TO (b) <u>✓</u> DUE TO (c) <u>✓</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>✓</u>					INTERVAL BETWEEN ONSET AND DEATH <u>?</u> <u>3533</u>
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>✓</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)		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 <u>2-15</u> , 19 <u>45</u> to <u>6-22</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>6-22</u> , 19 <u>49</u> , and that death occurred at <u>4:15</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>R. G. Hall M.D.</u>					23b. ADDRESS <u>Verona Mo</u>		23c. DATE SIGNED <u>6-22-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>6-22-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Belivar Mo</u>		
DATE REC'D BY LOCAL REG. <u>June 22, 49</u>		REGISTRAR'S SIGNATURE <u>W. H. Hancoc</u>		331 25. FUNERAL DIRECTOR'S SIGNATURE <u>H. Hancoc</u>		ADDRESS <u>and Blue Funeral Home, Belivar Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

108
0
0

RECEIVED

District Health Officer No. 7

District File Number 5-49-752

Date Filed 6-27-49

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 Willard B. Erwin

Signed _____
Student Embalmer

Licensed Embalmer No. 3092

P. O. Address Bolivar, 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.