

FILED NOV 4 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 33282

BIRTH NO. _____		REG. DIST. NO. <u>62</u>		PRIMARY REG. DIST. NO. <u>5240</u>		Registrar's No. <u>92</u>			
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).					
a. COUNTY Cedar				a. STATE Missouri		b. COUNTY Cedar			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural,		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural,					
d. FULL NAME OF HOSPITAL OR INSTITUTION Miles N. Caplinger Mills				d. STREET ADDRESS (If rural, give location) Miles N. Caplinger Mills					
3. NAME OF DECEASED (Type or Print)			a. (First) Herbert		b. (Middle) Mc Carthy		c. (Last)		
4. DATE OF DEATH		(Month) Oct.		(Day) 21,		(Year) 1949			
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 16, 1908			
9. AGE (in years last birthday) 41		IF UNDER 1 YEAR Months 2		IF UNDER 24 HRS. Days 5		Hours Min.			
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) Cedar County, Mo. 0		12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME Albert Mc Carthy			13b. MOTHER'S MAIDEN NAME Mary Kirkpatrick			14. NAME OF HUSBAND OR WIFE Mrs. Elizabeth Mc Carthy			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. (If yes, give war or dates of service)		17. INFORMANT'S SIGNATURE OR NAME Elizabeth Mc Carthy			ADDRESS Stockton Mo.	
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Pancreas				ANTECEDENT CAUSES				months	
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				157X	
Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION March '49		19b. MAJOR FINDINGS OF OPERATION Carcinoma in head of Pancreas						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) m.		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 1-7-1949, to 10-21-1949, that I last saw the deceased alive on 10-21-1949, and that death occurred at 11:45 P. M., from the causes and on the date stated above.									
23a. SIGNATURE Wm. B. Ritter M.D.				23b. ADDRESS Stockton Mo.		23c. DATE SIGNED 10-30-49			
24a. BURIAL, CREMATION REMOVAL (Specify) Burial		24b. DATE 10-23-1949		24c. NAME OF CEMETERY OR CREMATORY Stockton City		24d. LOCATION (City, town, or county) (State) Stockton, Mo.			
DATE REC'D BY LOCAL REG. 10-30-1949		REGISTRAR'S SIGNATURE Geneva Garrison		54 FUNERAL DIRECTOR'S SIGNATURE John A. Cantlon		ADDRESS Stockton, MO			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 7,

District File Number 10-49-1307

Date Filed 11-3-49

MAY 7 1950

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.

Student \_\_\_\_\_  
Student Embalmer

Signed

*John G. Cantlon*

Licensed Embalmer No. 4387

P. O. Address Stockton, Va

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.