

883

FILED MAR 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5793

State File No.

BIRTH NO.		REG. DIST. NO. <u>294</u>	PRIMARY REG. DIST. NO. <u>3056</u>	Registrar's No. <u>47</u>
1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Randolph</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		c. LENGTH OF STAY (If this place) <u>2 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Huntsville</u> <u>0880</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Woodland Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Pleasant-View Home</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Annab</u> b. (Middle) <u>Rogers</u> c. (Last) <u>McCarty</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2 10 1950</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>Jan 7 - 1864</u>	9. AGE (In years) (Month) (Day) (Hours) (Min.) <u>86 1 3</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>work sewing etc as able</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None - partially Blind</u>	11. BIRTHPLACE (State or foreign country) <u>Palmyra Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>John M. McCartney</u>		13b. MOTHER'S MAIDEN NAME <u>Mary P. Cameron</u>	14. NAME OF HUSBAND OR WIFE <u>Mr. Verna Houston</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Verna Houston</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fracture of R. Hip</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. - <u>accident -</u> DUE TO (b) <u>accident -</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>59040</u> <u>201</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>living Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Huntsville Randolph Mo</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Feb 9 1950 2:10 a.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fall going to bath Room -</u>		
22. I hereby certify that I attended the deceased from <u>Feb 9, 1950</u> , to <u>Feb 10, 1950</u> , that I last saw the deceased alive on <u>Feb 10, 1950</u> , and that death occurred at <u>11:30 a.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>P. O. Dreyer MD</u>		23b. ADDRESS <u>Huntsville Mo</u>	23c. DATE SIGNED <u>2/17/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Feb 13 - 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Salisbury Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Feb 13 - 50</u>	REGISTRAR'S SIGNATURE <u>Leah McCreary</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Tom B. Patton</u>	ADDRESS <u>Huntsville Mo</u>	

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

held up for information

MD

FEB 27 1950

RECEIVED

District Health Officer No. 10

City of St. Louis, Mo. FEB 27 1950

Date Filed

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

Tom B. Patton

Licensed Embalmer No. 3914

P. O. Address

Henteville

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.