

No. 300
10. 48

FILED OCT 27 1950

STANDARD CERTIFICATE OF DEATH

32801

State File No.

42
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 349

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Booneville</u>	
c. LENGTH OF STAY (In this place) <u>346mo</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u> b. (Middle) <u>HENRY</u> c. (Last) <u>CARY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 18 1950</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>8</u>	8. DATE OF BIRTH <u>-1869</u>
9. AGE (In years last birthday) <u>81</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>dk</u>	11. BIRTHPLACE (State or foreign country) <u>dk</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>dk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>dk</u>	12. CITIZEN OF WHAT COUNTRY? <u>dk</u>
13a. FATHER'S NAME <u>dk</u>		13b. MOTHER'S MAIDEN NAME <u>dk</u>	14. NAME OF HUSBAND OR WIFE <u>-</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>dk</u>		16. SOCIAL SECURITY NO. <u>dk</u>	17. INDEFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mo Records Fulton Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>chr. myocarditis</u> ANTECEDENT CAUSES 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 Conditions contributing to the death but not related to the disease or condition causing death <u>senile psychosis simple type</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>10-16</u> , 19 <u>50</u> to <u>10-18</u> , 19 <u>50</u> that I last saw the deceased alive on <u>10-18</u> , 19 <u>50</u> , and that death occurred at <u>5:30</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>J. C. Caldwell M.D.</u>		23b. ADDRESS <u>State Hosp. Fulton Mo</u>	23c. DATE SIGNED <u>10-18-50</u>
24a. BURIAL, CREMATION, OR REMOVAL (Specify)	24b. DATE <u>10/20/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Moore Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Booneville - Mo</u>
DATE REC'D BY LOCAL REG. <u>Oct 19-1950</u>	REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>St. James Turner</u>	ADDRESS <u>St. James Turner</u>

(Licensed Embalmer's Statement on Reverse Side)

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DISTRICT HEALTH OFFICE No. 4
File No.

OCT 23 1950

RECEIVED

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

James W. Stegner

Signed

Student Embalmer

Licensed Embalmer No. *7780*

P. O. Address

Boonville, 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.