

THE DIVISION OF HEALTH OF MISSOURI
DIED JAN 5 1951 STANDARD CERTIFICATE OF DEATHState File No. 41137
Registrar's No. 486

BIRTH NO. _____		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 3028		Registrar's No. 486	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence		c. LENGTH OF STAY (In this place) 23 Yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence		0484	
d. FULL NAME OF HOSPITAL OR INSTITUTION 9517 East 16th. Street				d. STREET ADDRESS (If rural, give location) 9517 East 16th. Street			
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) D. c. (Last) McCarten			4. DATE OF DEATH (Month) (Day) (Year) 12-18-1950				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower		8. DATE OF BIRTH Dec. 5 1874	
9. AGE (In years last birthday) 76		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician (Retired)		10b. KIND OF BUSINESS OR INDUSTRY Construction		11. BIRTHPLACE (State or foreign country) Weston, Missouri	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME William H. McCarten		13b. MOTHER'S MAIDEN NAME Sophia Gleissner		14. NAME OF HUSBAND OR WIFE Myrtle McCarten	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 486-01-8105		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Robert E. Harvey Kansas City, 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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Sclerotic Heart Disease INTERVAL BETWEEN ONSET AND DEATH 4200 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. Created for heart a number of yrs					
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) Natural		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) August H. Queen's Corner				23b. ADDRESS 1034 Rio Vista Bldg.		23c. DATE SIGNED 12-19-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 20 1950		24c. NAME OF CEMETERY OR CREMATORY Mt. Washington		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
DATE REC'D BY LOCAL REG. Dec. 19 1950		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mrs. C. L. Forster, Kansas City, Missouri			

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 27 RECD

JAN 5 1951

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.....

J. Virgil Herick

Signed.....
Student Embalmer

Licensed Embalmer No. 3599

P. O. Address J.C. Mc.

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.