

FILED APR 16 1951

STANDARD CERTIFICATE OF DEATH

State File No. 12003
Registrar's No. 94

260
3

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

BIRTH NO. _____		REG. DIST. NO. <u>77</u>		PRIMARY REG. DIST. NO. <u>5303</u>		Registrar's No. <u>94</u>	
1. PLACE OF DEATH a. COUNTY <u>COLE</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON CITY, MO.</u> c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION <u>IN AMBULANCE on Pioneer Dr. Road</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>COLE</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON CITY</u> d. STREET ADDRESS (If rural, give location) <u>R. R. # 4</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>RUSSELL</u> b. (Middle) _____ c. (Last) <u>MC CART</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 6, 1951</u>		5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>JAN. 17, 1890</u>		9. AGE (In years last birthday) <u>61</u>		10. UNDER 1 YEAR Months <u>2</u> Days <u>19</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CARPENTER & FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>SALISBERRY, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>WILLIAM ERNEST MC CART</u>		13b. MOTHER'S MAIDEN NAME <u>ALLIE SPERRY</u>		14. NAME OF HUSBAND OR WIFE <u>EMMA E GROVE MC CART</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u>		16. SOCIAL SECURITY NO. <u>WORLD WAR I</u>		17. INFORMANT'S SIGNATURE AND ADDRESS <u>Robert Lotz J. C. 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Rupture of aneurysm of abdominal aorta</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. _____				INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" 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) <u>451X</u>			
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>Apr 6, 1951</u> , to <u>Apr 6, 1951</u> , that I last saw the deceased alive on <u>Apr 6, 1951</u> , and that death occurred at <u>11:00 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R. Casman M.D.</u>				23b. ADDRESS <u>Jefferson City Mo.</u>		23c. DATE SIGNED <u>4-7-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 10, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>National</u>		24d. LOCATION (City, town, or county) (State) <u>Jefferson City Mo.</u>	
DATE REC'D BY LOCAL REG. <u>April 11, 1951</u>		REGISTRAR'S SIGNATURE <u>R.P. Norris MA - 7R. 0</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sylvester Dulle</u>		ADDRESS <u>J.C. Mo.</u>	

RECEIVED 4-13-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 4-13-51

APR 26 1951

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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 _____

Sylvester Dulle

Signed.....

Student Embalmer

Licensed Embalmer No. 4321

P. O. Address *Jefferson City, 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.