

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23596**

FILED AUG 11 1951

BIRTH NO. _____ REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 565 Registrar's No. 88

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

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Mt. Vernon</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>East Prairie</u>	
c. LENGTH OF STAY (in this place) <u>274 days</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. State Sanatorium</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Woodrow</u> b. (Middle) _____ c. (Last) <u>McCarty</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 29 1951</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>4-4-12</u>	9. AGE (In years last birthday) <u>39</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>John McCarty</u>	13b. MOTHER'S MAIDEN NAME <u>Gertrude Wright</u>	14. NAME OF HUSBAND OR WIFE _____
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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>499-03-788</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ruby Ann Wilson, Mo. State Sanatorium</u> ADDRESS <u>Mt. Vernon--Record Clerk</u>
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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 EXAMINATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac decompensation</u>		<u>2 weeks</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pulmonary tuberculosis and Spinal Meningitis</u> DUE TO (c) _____		<u>8 years</u> <u>1 week</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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>002X</u>
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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? _____
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22. I hereby certify that I attended the deceased from 10-28-50, 1950, to 7-29, 1951, that I last saw the deceased alive on 7-29, 1951, and that death occurred at 10:40 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>C. H. Hellyer M.D.</u> (Degree or title)	23b. ADDRESS <u>Mo. State Sanatorium, Mt. Vernon</u>	23c. DATE SIGNED <u>7-30-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>July 30 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Not known</u>	24d. LOCATION (City, town, or county) (State) <u>East Prairie Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Aug 4, 1951</u>	REGISTRAR'S SIGNATURE <u>Cecil Hendricks</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>George B Orr</u> ADDRESS <u>Mt. Vernon Mo.</u>
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DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED **AUG 8** 1951

Dist. File _____

Date Filed _____

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED **AUG 8** 1951

Dist. File 921-1446

Date Filed 8-9-51

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.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed

George J. Owen

Licensed Embalmer No. 946

P. O. Address McDonnon 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.