

FILED AUG 22 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **27552**

BIRTH NO. _____		REG. DIST. NO. <u>178</u>		PRIMARY REG. DIST. NO. <u>4244</u>		Registrar's No. <u>73</u>	
1. PLACE OF DEATH a. COUNTY <u>Lewis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lewis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>LaBelle</u>		c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>LaBelle.</u> 0560			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>5</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Merle</u>		b. (Middle) <u>LeRoy</u>		c. (Last) <u>Mc Carty</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>August 6, 1951</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Jan. 23 1935</u>	
9. AGE (In years last birthday) <u>16</u>		10. KIND OF BUSINESS OR INDUSTRY <u>School Student</u>		11. BIRTHPLACE (State or foreign country) <u>Knox City, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>School Student</u>		11. BIRTHPLACE (State or foreign country) <u>Knox City, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Leland E. McCarty</u>			13b. MOTHER'S MAIDEN NAME: <u>Martha Strange</u>			14. NAME OF HUSBAND OR WIFE	
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>498-84-9995</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lelia J. McCarty LaBelle, Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Drowning.</u> ANTECEDENT CAUSES <u>Accidental</u> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>89298</u> <u>42</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>056</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>Little Rabius River</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>North of LaBelle. Lewis. Missouri</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug. 6, 1951 8 P</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>while swimming</u>			
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 <u>8 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Paul Stephen Magistrate</u>				23b. ADDRESS <u>Monticello, Missouri</u>		23c. DATE SIGNED <u>Aug 9 1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 10, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bountant</u>		24d. LOCATION (City, town, or county) (State) <u>LaBelle, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>8-11-51</u>		REGISTRAR'S SIGNATURE <u>P.H. Jennings</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Roberts LaBelle, Mo</u>			

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

560
3

J.J.

20

SEP 7 1951

SEP 12 1951

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Date Received: AUG 20 1951
DISTRICT HEALTH OFFICE #2
District File Number 9-57-1469
Date Filed: AUG 21 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 *M. J. [Signature]*

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed *J. L. [Signature]*
Licensed Embalmer No. *14338*
P. O. Address *Abbe, 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.

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