S. No. 300
V. 10.48

FILED DEC 31 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43825
State File No.

BIRTH NO. REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 197

1042
4

1. PLACE OF DEATH
a. COUNTY Vernon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nevada
c. LENGTH OF STAY (In this place) 14 MONTHS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) McCart Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Vernon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nevada
d. STREET ADDRESS (If rural, give location) 402 N. Cedar Street

3. NAME OF DECEASED (Type or Print)
a. (First) ANNA
b. (Middle) BELL
c. (Last) McCART

4. DATE OF DEATH (Month) (Day) (Year) 12 - 16 - 51.

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED
8. DATE OF BIRTH 8 - 12 - 1869
9. AGE (In years last birthday) 82 — If under 1 year: Months 4, Days 4 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Cassville, MO
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Willard
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Widow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Mrs. Neva McCart
ADDRESS Nevada, 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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 7 days

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. Senility.

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION none
331X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) none
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Nevada - Vernon - Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? No Injury.

22. *I hereby certify that I attended the deceased from* Dec 9, 1951, *to* Dec 16, 1951, *that I last saw the deceased alive on* Dec 15, 1951, *and that death occurred at* 1:30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE W. Love (Degree or title) M.D.
23b. ADDRESS Nevada, Mo.
23c. DATE SIGNED 12/17/51.

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 12-19-51
24c. NAME OF CEMETERY OR CREMATORY Mound Grove
24d. LOCATION (City, town, or county) (State) Independence Mo.

DATE REC'D BY LOCAL REG. 12-21-1951
REGISTRAR'S SIGNATURE Anna E. Ferry
25. FUNERAL DIRECTOR'S SIGNATURE George Emerson
ADDRESS Independence Mo

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield
RECEIVED DEC 26 1951
Date File 12-27-51
Date Filed 12-28-51

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.

Student Embalmer No. _____

Signed _____
Student Embalmer

Signed Allen V. Hoyt

Licensed Embalmer No. 1968

P. O. Address Nevada Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.