

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43826

State File No.

FILED DEC 31 1951

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 192

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Nevada</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sheldon</u>	
c. LENGTH OF STAY (in this place) <u>4 weeks</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Nevada City Hosp.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ARTHUR</u> b. (Middle) <u>MANCHESTER</u> c. (Last) <u>McCARTER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 10 51</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>June 6, 1898</u>
9. AGE (In years last birthday) <u>53</u>		If UNDER 1 YEAR: Months _____ Days _____	
If UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoe repair man</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Shoe Shop</u>	11. BIRTHPLACE (State or foreign country) <u>New York 0</u>
12. CITIZEN OF WHAT COUNTRY? <u>US</u>			
13a. FATHER'S NAME <u>Henry McCartarr</u>		13b. MOTHER'S MAIDEN NAME <u>Louis Blake</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>W.W.I.</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Louis McCarter Sheldon</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Auto intoxication - Peritonitis</u> INTERVAL BETWEEN ONSET AND DEATH <u>4 weeks</u> ANTECEDENT CAUSES DUE TO (b) <u>Gangrenous ascending colon</u> <u>4 weeks</u> DUE TO (c) <u>Perforation of peritriculum</u> <u>4 1/2 weeks</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes Mellitus Dr</u> <u>signed</u> <u>General</u> <u>years</u>	
19a. DATE OF OPERATION <u>20 Nov 1951</u>		19b. MAJOR FINDINGS OF OPERATION <u>Gangrenous ascending colon over</u> <u>distributing Milt Chapman</u> <u>Nemorakula Pater</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>None</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Sheldon Mo 578x</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>None</u>			
22. I hereby certify that I attended the deceased from <u>8 Nov 1951</u> to <u>10 Dec 1951</u> , that I last saw the deceased alive on <u>10 Dec 1951</u> , and that death occurred at <u>11:00 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Hollabray M.D.</u>		23b. ADDRESS <u>Nevada Mo</u>	
23c. DATE SIGNED <u>12-13-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 13 51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Iantha</u>		24d. LOCATION (City, town, or county) (State) <u>Iantha Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12-17-51</u>		REGISTRAR'S SIGNATURE <u>Anna E. Ferry/451</u>	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. Gerald Beeny Sheldon</u>			

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

1862
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APR 1 1952

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

RECEIVED | DEC 26 1951

Dist. File 1257-3169.

Date Filed 12-28-51

APR 8 1952

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.....

Student Embalmer No.

working under my personal supervision.

Signed L. Gerald Beens

Signed.....
Student Embalmer

Licensed Embalmer No. 4262

P. O. Address Sheldon 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.