

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21133

State File No.

JUN 23 1952

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 5692 Registrar's No. 91

0590
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural Rich Hill Twp</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural - Rich Hill Twp.</u>	
c. LENGTH OF STAY (in this place) <u>5 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>4 mile N.E. Chillicothe</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 miles N.E. Chillicothe</u>		d. STREET ADDRESS (If rural, give location) <u>4 mile N.E. Chillicothe</u>	
3. NAME OF DECEASED a. (First) <u>Estella</u> b. (Middle) _____ c. (Last) <u>McCarthy</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 20, 1952</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 28, 1892</u>
9. AGE (In years last birthday) <u>60</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Chillicothe, Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		11. BIRTHPLACE (State or foreign country) <u>Chillicothe, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Dick Hargrave</u>	
13a. FATHER'S NAME <u>Dick Hargrave</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine A. Mast</u>	
13b. MOTHER'S MAIDEN NAME <u>Catherine A. Mast</u>		14. NAME OF HUSBAND OR WIFE <u>Daniel McCarthy</u>	
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>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Ray Hargrave</u>		17. ADDRESS <u>Chillicothe, Missouri</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>Cerebral Hemorrhage</u>	
		INTERVAL BETWEEN ONSET AND DEATH <u>3 1/2 hrs</u>	
		ANTECEDENT CAUSES Morbidity 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.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
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) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
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>Sept 7, 1952</u> to <u>June 11, 1952</u> , that I last saw the deceased alive on <u>June 11, 1952</u> , and that death occurred at <u>6:45 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Donald M. S. Chillicothe Mo</u>		23b. ADDRESS _____	
23a. SIGNATURE <u>Donald M. S. Chillicothe Mo</u>		23c. DATE SIGNED <u>6-20-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-22-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Pleasant</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Pleasant</u>		24d. LOCATION (City, town, or county) (State) <u>Livingston County Mo</u>	
24d. LOCATION (City, town, or county) (State) <u>Livingston County Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Francis B. Nail</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Francis B. Nail</u>		25. ADDRESS <u>Norman Funeral Home, Chillicothe, Mo</u>	
25. ADDRESS <u>Norman Funeral Home, Chillicothe, Mo</u>		DATE REC'D BY LOCAL REG. <u>6-20-52</u>	
DATE REC'D BY LOCAL REG. <u>6-20-52</u>		REGISTRAR'S SIGNATURE _____	

JAN 30 1957

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.

Student

Student Embalmer

Signed

Ernest F. Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, 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.