No. 300
10-48

FILED JUL 29 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26918

BIRTH NO. _____ REG. DIST. NO. 354 PRIMARY REG. DIST. NO. 6198 Registrar's No. 23

1. PLACE OF DEATH
a. COUNTY: TEXAS 1070 3
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL, CASS Twp
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO.
b. COUNTY: TEXAS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CASS Twp. 1070 0
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): JAMES
b. (Middle): ROBERT
c. (Last): CARTY

4. DATE OF DEATH (Month) (Day) (Year): JULY 22-52

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: AUG. 20-1921
9. AGE (In years last birthday): 30 | 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): FARMER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): SIMMONS, MO
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: JAMES CARTY
13b. MOTHER'S MAIDEN NAME: MARTHA MEADE
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 497-12-6313
17. INFORMANT'S SIGNATURE OR NAME: Leslie Carty — **ADDRESS**: Houston, 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) Fracture of Skull, Face, — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Possibly Internal injuries — Instantly
DUE TO (c) Struck by Car Driven by Dee Stuart, West Plains Mo

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* E8124 25 107

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): on highway 63
21c. (CITY, TOWN, OR TOWNSHIP): Cabool — **(COUNTY)**: Texas — **(STATE)**: Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 22-52-3:4 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Struck by Car

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 _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Gaylord V. Elliott **(Degree or title)**: (Coroner)
23b. ADDRESS: Cabool Mo
23c. DATE SIGNED: July 23/52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 7/25/52
24c. NAME OF CEMETERY OR CREMATORY: OAK DALE
24d. LOCATION (City, town, or county) (State): TEXAS Co., MO.

DATE REC'D BY LOCAL REG.: 7-23-52
REGISTRAR'S SIGNATURE: Gaynell Cunningham 325-0
25. FUNERAL DIRECTOR'S SIGNATURE: James L. Gentry
ADDRESS: Cabool

(Licensed Embalmer's Statement on Reverse Side)

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

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 James L. Genbey

Signed .....
Student Embalmer

Licensed Embalmer No. 4718

P. O. Address Calool, 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.