

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

32484

State File No.

No. 300
10-48

804
0

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

BIRTH NO. _____		REG. DIST. NO. <u>274</u>	PRIMARY REG. DIST. NO. <u>3052</u>	Registrar's No. <u>303</u>
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u> <u>1804</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bothwell Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1817 E. 9th</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ralph</u>		b. (Middle) <u>Wilbur</u>		c. (Last) <u>Mc CARTY</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 26 1952</u>		5. SEX <u>Male</u>		
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>June 24-1919</u>
9. AGE (In years last birthday) <u>33</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Appliance Service</u>		11. BIRTHPLACE (State or foreign country) <u>Windsor Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>Frank Mc Carty</u>		
13b. MOTHER'S MAIDEN NAME <u>Mamie Fryer</u>		14. NAME OF HUSBAND OR WIFE <u>Marian Mc Carty</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>Yes, world war II</u>		16. SOCIAL SECURITY NO. <u>494-12-8133</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Marian Mc Carty</u> ADDRESS <u>Sedalia</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5 hours</u>
<p><i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i></p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Extensive burns,</u>		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>automobile accident & fire</u>		
		DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E 8164</u> <u>26</u>				
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) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>2.5 Highway # 65 9 miles So of Pettis Count</u> <u>Sedalia Mo. Pettis</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>9-27-52 9:45 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Head on collision with another automobile.</u>
22. I hereby certify that I attended the deceased from <u>Sept 25, 1952</u> , to <u>Sept 26, 1952</u> , that I last saw the deceased alive on <u>Sept 26, 1952</u> , and that death occurred at <u>3:15 Am.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>John E. Karry M.D.</u> (Degree or title)		23b. ADDRESS <u>111 West 4th</u> <u>Sedalia Mo</u>		23c. DATE SIGNED <u>9-27-52.</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-27-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Green Ridge cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Green Ridge Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mc Laughlin Bros</u> ADDRESS <u>Sedalia</u>		
DATE REC'D BY LOCAL REG. <u>9-27-52</u>		REGISTRAR'S SIGNATURE <u>R. F. Campbell M.D.</u> <u>251-0</u> (Licensed Embalmer's Statement on Reverse Side)		

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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 W.P.M. Leary

Licensed Embalmer No. 3153

P.O. Address Sedalia, 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.