

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 42141

No. 300  
10. 48

FILED JAN 6 - 1953

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

BIRTH NO. _____		REG. DIST. NO. <u>141</u>		PRIMARY REG. DIST. NO. <u>5551</u>		Registrar's No. <u>33</u>			
1. PLACE OF DEATH a. COUNTY <u>HOWELL</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>HOWELL</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR "RURAL" TOWN <u>Howell Twp</u>		c. LENGTH OF STAY (in this place) <u>2 Mos.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "R" <u>HOWELL TWP.</u>		0460			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>residence</u>				d. STREET ADDRESS (If rural, give location) <u>WEST PLAINS, Mo., Lebo Rt.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>OTTO</u> b. (Middle) <u>BEULAH</u> c. (Last) <u>CARY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 30, 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>APR. 1, 1892</u>			
9. AGE (in years last birthday) <u>60</u>		10. MONTHS <u>60</u>		10. DAYS <u>60</u>		10. HOURS <u>60</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Homemaker</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>U GREENCASTLE, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Andrew J. Long</u>			13b. MOTHER'S MAIDEN NAME <u>Adella Backman</u>			14. NAME OF HUSBAND OR WIFE <u>John William Cary</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lee a. Cary, W. Plains, Mo.</u>			ADDRESS <u>Lebo, Route</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lymphatic Leukemia, Chronic</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>	
		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.							
19a. DATE OF OPERATION <u>0</u>		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) _____		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>12:20 a.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____				23b. ADDRESS <u>West Plains Mo</u>			23c. DATE SIGNED <u>12-31-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>JAN. 1, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HASTINGS CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>MALVERN, IOWA</u>			
DATE REC'D BY LOCAL REG. <u>1-2-53</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Hal Shamburg</u> ADDRESS <u>W. Plains, Mo.</u>				

**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 Hal Thompson

Licensed Embalmer No. 3408

P. O. Address W. Plains, 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.