

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16980**

MAY 18 1953

BIRTH NO. _____ REG. DIST. NO. **11** PRIMARY REG. DIST. NO. **5044** Registrar's No. **37**

1. PLACE OF DEATH a. COUNTY Barry 0050		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Barry 0050	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Washburn)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Washburn Twp.) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) CAM	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) April 29, 1953
				McCARY

5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 9-20-1877	9. AGE (In years last birthday) 75	10. MONTHS 7	11. DAYS 5	12. HOURS 3	13. MIN. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming	10b. KIND OF BUSINESS OR INDUSTRY farm	11. BIRTHPLACE (City and State or Foreign Country) Barry County, Missouri	12. COUNTRY OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Joe McGary	13b. MOTHER'S MAIDEN NAME Mary Barr	14. NAME OF HUSBAND OR WIFE Birdie McCary
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Lois McCary-Washburn, Missouri	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH instant about 8 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) accidental injuries to head + chest (no doctor in attendance) 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 005 691013	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Washburn Township Barry Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) April 21, 1953 ? m.	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? limb of tree fell upon him when the tree was hit by his tractor
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I hereby certify that I attended the deceased from **April 29, 1953**, to **10**, that I last saw the deceased **dead** on **April 29, 1953**, and that death occurred at **7 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Paul D. Hembest 3 Coronary Cassette, Mo.	23b. ADDRESS	23c. DATE SIGNED 5-9-1953
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-1-1953	24c. NAME OF CEMETERY OR CREMATORY Maplewood Cemetery	24d. LOCATION (City, town, or county) (State) Exeter, Missouri
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DATE REC'D BY LOCAL REG. 5-12-1953	REGISTRAR'S SIGNATURE Grace Williams	25. FUNERAL DIRECTOR'S SIGNATURE Mrs. Lisseth Caswell, Jr.	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

MAY 20 1954

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 Elmer A. Triplett

Licensed Embalmer No. 4817

P. O. Address Cassville, 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.