No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 21 1953

State File No. 31510

BIRTH NO. 94957 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 859-A

1. PLACE OF DEATH
a. COUNTY: GREENE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield
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): St John's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: WRIGHT
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mtn Grove
d. STREET ADDRESS (If rural, give location): 1141

3. NAME OF DECEASED (Type or Print): a. (First) LINDA b. (Middle) FAY c. (Last) MCCARTY

4. DATE OF DEATH (Month) (Day) (Year): 9 - 8 - 53

5. SEX: F

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: 9-8-53

9. AGE (In years last birthday): 1/2 day — 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): ——

10b. KIND OF BUSINESS OR INDUSTRY: ——

11. BIRTHPLACE (State or foreign country): Mtn Grove, Mo

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Donald I. McCarty

13b. MOTHER'S MAIDEN NAME: Martha Tucker

14. NAME OF HUSBAND OR WIFE: ——

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ——
(If yes, give war or dates of service): ——

16. SOCIAL SECURITY NO.: ——

17. INFORMANT'S SIGNATURE OR NAME: Donald McCarty — **ADDRESS**: Mtn Grove

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) CEREBRAL HEMMORHAGE — INTERVAL BETWEEN ONSET AND DEATH: 8 hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) HEMMORHAGIC DISEASE OF NEW BORN — 8 hr.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Congenital Atelectasis

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: 7710

20. AUTOPSY? YES ☐ NO ☑

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) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 9-8, 1953, *to* 9-8, 1953, *that I last saw the deceased alive on* 9-8, 1953, *and that death occurred at* 2:55 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Urbain Dusick

23b. ADDRESS: Springfield, Mo

23c. DATE SIGNED: 9-8-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 9-8-53

24c. NAME OF CEMETERY OR CREMATORY: Hillcrest

24d. LOCATION (City, town, or county) (State): Mtn Grove, Mo.

DATE REC'D BY LOCAL REG.: 9-14-53

REGISTRAR'S SIGNATURE: Edith Williamson

25. FUNERAL DIRECTOR'S SIGNATURE: Barber Funeral Home — **ADDRESS**: Mountain Grove, Mo

(Licensed Embalmer's Statement on Reverse Side)

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 R. W. Barber

Licensed Embalmer No. 3848

P. O. Address Mt. Desert, Me.

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.