

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

State File No. **38538**

FILED DEC 8 1953

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 145

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

| | | | | | | |
|--|--|--|---|--|--|--|
| 1. PLACE OF DEATH | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). | | | |
| a. COUNTY <u>Clay</u> | | | a. STATE <u>Missouri</u> | | b. COUNTY <u>Clay</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Excelsior Springs</u> | | c. LENGTH OF STAY (In this place) <u>49 years</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Excelsior Springs, Mo</u> | | | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Sharps Nursing Home</u> | | | d. STREET ADDRESS (If rural, give location) <u>404 East Excelsior St.</u> | | | |
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | | |
| a. (First) <u>Byrdie</u> | b. (Middle) <u>S.</u> | c. (Last) <u>McCarron</u> | (Month) <u>Nov.</u> | (Day) <u>21</u> | (Year) <u>1953</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>JULY 8, 1872</u> | 9. AGE (In years last birthday) <u>81</u> | IF UNDER 1 YEAR <u>4</u> Months <u>13</u> Days | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>xxxx</u> | 11. BIRTHPLACE (State or foreign country) <u>Camden Point, MO</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>David R. Stellard</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary A. Duncan</u> | | 14. NAME OF HUSBAND OR WIFE <u>James McCarron, Deceased</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. <u>No.</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>David R. Clevenger, Plette City, MO.</u> | | | | |
| 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, asthenia, etc. It means the disease, injury, or complication which caused death.</i> | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u> | | | | <u>7 days</u> | |
| | ANTECEDENT CAUSES | | | | | |
| | Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Art Valvular heart disease</u> | | | | | |
| | DUE TO (c) <u>Art in sclerosis</u> | | | | | |
| | 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 | | | | 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 <u>Nov 19 48</u> , to <u>Nov 21, 1953</u> , that I last saw the deceased alive on <u>20 Nov, 1953</u> , and that death occurred at <u>7:40 a. m.</u> , from the causes and on the date stated above. | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>George E. Anderson M.D.</u> | | | 23b. ADDRESS <u>Excelsior Springs, Mo</u> | | 23c. DATE SIGNED <u>11-23-53</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Nov. 23/53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Plette City Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Plette City, MO.</u> | | | |
| DATE REC'D BY LOCAL REG. <u>11/25/53</u> | REGISTRAR'S SIGNATURE <u>Barbara Hutchins</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Hope Funeral Home</u> | | ADDRESS <u>Ex. Spgs. Mo</u> | |

(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 Chas Virgil Hope

Licensed Embalmer No. 3950

P. O. Address Edelstein Spring, 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.