

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

892

FILED FEB 1 1954

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 82

1. PLACE OF DEATH a. COUNTY <u>GREENE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>GREENE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SPRINGFIELD</u>		c. CITY OR TOWN <u>SPRINGFIELD</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>O.O.A. BURGE HOSPITAL</u>		e. STREET ADDRESS (If rural, give location) <u>LORRAINE APTS. 08960</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JAMES</u>	b. (Middle) <u>G.</u>	c. (Last) <u>CARY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 21, 1954</u>
-------------------------------------	-------------------------	-----------------------	-----------------------	---

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>AUG 19, 1877</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
--------------------	-------------------------------	---	--------------------------------------	---	------------------------	------------------------	----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Wholesale Grocer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Springfield, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--	---	---	---

13a. FATHER'S NAME <u>Andrew W. Cary</u>	13b. MOTHER'S MAIDEN NAME <u>Eppie McBride</u>	14. NAME OF HUSBAND OR WIFE <u>----</u>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Frances Bridges, Nevada, Missouri</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		<u>17 yrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart disease</u> DUE TO (c) <u>Myocardial infarct. (Healed)</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>17 yrs.</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)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4200</u>
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 Nov, 19 46, to Jan, 19 54, that I last saw the deceased alive on Jan 16, 19 54, and that death occurred at 4:00p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>L.M. Rigby</u>	23b. ADDRESS <u>505 Woodruff Bldg. Springfield Missouri</u>	23c. DATE SIGNED <u>1/22/54</u>
--	---	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/25/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maple Park</u>	24d. LOCATION (City, town, or county) (State) <u>Springfield, Mo</u>
---	--------------------------	--	--

DATE REC'D BY LOCAL REG. <u>1-27-54</u>	REGISTRAR'S SIGNATURE <u>Earl Williamson</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H. H. Lohmeyer, Springfield, Missouri</u>
---	--	---

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

MAR 18 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.....
Signature of Student Embalmer

Signed *Gene L. Linnley*.....
Licensed Embalmer No. 77

P. O. Address *St. Paul*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.