

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

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

1112

FILED JAN 12 1954

State File No.

BIRTH NO. _____ REG. DIST. NO. 138 PRIMARY REG. DIST. NO. 5522 Registrar's No. 3

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| 1. PLACE OF DEATH a. COUNTY <u>Hickory</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Hickory</u> | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural-Cross Timbers T.S.</u> | | c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural-Cross Timbers-Township</u> | |
| c. LENGTH OF STAY (in this place) <u>2 days</u> | | d. STREET ADDRESS (If rural, give location) <u>1 mile S of Cross Timbers, Mo</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>1 mile S of Cross Timbers, Mo</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH (Month) (Day) (Year) | |
| a. (First) <u>Sarah</u> | b. (Middle) <u>E</u> | c. (Last) <u>McCarty</u> | <u>JAN 8 1954</u> | |

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| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u> | | 8. DATE OF BIRTH <u>May 16 1870</u> | | 9. AGE (In years last birthday) Months Days Hours Mins. <u>83 7 22</u> | |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home Household</u> | | 11. BIRTHPLACE (State or foreign country) <u>Cross Timbers Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
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| 13a. FATHER'S NAME <u>A. Earl Colburn</u> | | 13b. MOTHER'S MAIDEN NAME <u>Charity Baxister</u> | | 14. NAME OF HUSBAND OR WIFE <u>Thomas McCartney</u> | |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>Unknown</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Marion McCartney</u> | | ADDRESS <u>Cross Timbers Mo</u> | |
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| 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, athermia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH <u>4 years</u> | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Uterus</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. | | | | | | | |

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| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>174X</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
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| 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) | |
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| 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? | |
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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 _____ m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Mary Johnson Local Registrar</u> | | 23b. ADDRESS <u>Hermitage Missouri</u> | | 23c. DATE SIGNED <u>1-9-1954</u> | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Jan-10-1954</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Cross Timbers Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Cross Timbers, Mo</u> | |
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| DATE REC'D BY LOCAL REG. <u>1-9-1954</u> | | REGISTRAR'S SIGNATURE <u>Mary Johnson</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert Colthoury</u> | | ADDRESS <u>2011th Street Mo</u> | |
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