

FILED OCT. 7 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30700**

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4487

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give town) KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1317 LINWOOD BLYD.		STREET ADDRESS (If rural, give location) 52 1317 LINWOOD BLYD. 5²⁸	

3. NAME OF DECEASED a. (First) JERRY b. (Middle) JOHN c. (Last) MCCARTHY			4. DATE OF DEATH (Month) (Day) (Year) 9 20 54		
5. SEX ♂	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 9-10-1901	9. AGE (In years last birthday) 53 YRS	IF UNDER 1 YEAR Months 8 Days 19
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN		10b. KIND OF BUSINESS OR INDUSTRY BEALESTATE	11. BIRTHPLACE (City and State or Foreign Country) MURPHYS BORO, ILL.	12. CITIZEN OF WHAT COUNTRY? U. S. A.	

13a. FATHER'S NAME JACK MCCARTHY		13b. MOTHER'S MAIDEN NAME ELIZABETH THOMAS		14. NAME OF HUSBAND OR WIFE BETTY MCCARTHY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 495-10-7465		17. INFORMANT'S SIGNATURE OR NAME BETTY W. MCCARTHY ADDRESS K.C. MO 1317 LINWOOD	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cause of death unknown		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
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.				7955	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Post Ruptured		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Natural		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **10:00P** m., from the causes and on the date stated above.

23a. SIGNATURE Hugh H. Owens (Degree or title) 3		23b. ADDRESS 1834 Pinalto Bldg		23c. DATE SIGNED 9-22-54	
21g. BURNING, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE SEPT 22 1954		24c. NAME OF CEMETERY OR CREMATORY STAR GROVE CEMETERY	
DATE REC'D BY LOCAL REG 9-22-54		REGISTRAR'S SIGNATURE Neva Minshall		25. FUNERAL DIRECTOR'S SIGNATURE D. H. Newcomer's Sons ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.	

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

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 *Clare V. Carr, Jr.*

Licensed Embalmer No. *4934*

P. O. Address *K.C. 10. N.W.*

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.