

FILED JUN 21 1955

STANDARD CERTIFICATE OF DEATH

State File No. 19823

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6074 Registrar's No. 170

1. PLACE OF DEATH a. COUNTY ST. FRANCOIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Unknown b. COUNTY Unknown	
b. CITY (If outside corporate limits, write RURAL and give town) LEADWOOD		c. CITY OR TOWN Unknown	
c. LENGTH OF STAY (in this place) 7 DAYS		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION LEADWOOD		f. STREET ADDRESS (If rural, give location) available.) (He was a drifter. No family history.)	

3. NAME OF DECEASED a. (First) JAMES b. (Middle) c. (Last) MCCARVER			4. DATE OF DEATH JUNE 7, 1955		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Unknown	
8. DATE OF BIRTH About 70			9. AGE (In years last birthday) Abt. 1885		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown			10b. KIND OF BUSINESS OR INDUSTRY Unknown		
11. BIRTHPLACE (City and State or Foreign Country) Unknown			12. CITIZEN OF WHAT COUNTRY? 9		

13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Unknown	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS ORVILLE MCCARVER DESLOGE, MO.	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) apparently heart attack			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) after investigation inquest			
		DUE TO (c) deemed not necessary.			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Had previous heart trouble					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 434-3			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)	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **5:00a**, m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Bert L. Miller Coroner		23b. ADDRESS Farmington, MO		23c. DATE SIGNED 6/8/55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 6/8/55		24c. NAME OF CEMETERY OR CREMATORY ADAMS CEMETERY		24d. LOCATION (City, town, or county) (State) FRANKLAY, MO.	
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DATE REC'D BY LOCAL REG. June 8, 1955		REGISTRAR'S SIGNATURE Ethel Rudloff		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BERT L. BOYER LEADWOOD, MO.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *William E. Beyer*.....

Licensed Embalmer No. *473*

P. O. Address *Leadwood*

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.