

FILED JUL 26 1955

STANDARD CERTIFICATE OF DEATH

State File No. **21520**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **71** PRIMARY REG. DIST. NO. **2014** Registrar's No. **70**

1. PLACE OF DEATH a. COUNTY <b>Clay</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Iowa</b> b. COUNTY <b>Wayne</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Excelsior Spgs, Mo</b>	c. LENGTH OF STAY (in this place) _____	c. CITY OR TOWN <b>Corydon</b>	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 <b>335 E. Broadway Street</b>		e. STREET ADDRESS (If rural, give location) <b>207 E. Steele</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>NELSON</b>	b. (Middle) <b>POWER</b>	c. (Last) <b>MCCARTY</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>July 21 1955</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sept 17 1903</b>	9. AGE (In years last birthday) <b>51</b>	If UNDER 1 YEAR Months <b>10</b> Days <b>4</b>	If UNDER 4 Hrs. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Machine Operator</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Hy. construction</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Oklahoma</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Harry McCarty</b>	13b. MOTHER'S MAIDEN NAME <b>Emma Hastings</b>	14. NAME OF HUSBAND OR WIFE <b>Mrs Dona McCarty</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>YES</b>	16. SOCIAL SECURITY NO. <b>UNKNOWN</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Dona McCarty</b>	ADDRESS <b>Ex. Springs MO.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>3'</b>
*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) <b>Coronary occlusion</b>	ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>	DUE TO (b) <b>Anterior sclerosis</b>
		DUE TO (c) <b>4207</b>	
	II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)	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 **21 July 1955**, to **21 July 1955**, that I last saw the deceased alive on **21 July 1955**, and that death occurred at **9:25 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>George C. Anderson M.D.</b>	23b. ADDRESS <b>Excelsior Springs Mo</b>	23c. DATE SIGNED <b>7-22-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>July 22/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>New York Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Wayne County Iowa</b>
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DATE REC'D BY LOCAL REG. <b>7/22/55</b>	REGISTRAR'S SIGNATURE <b>Caroline Hutchings</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Hope Funeral Home</b>	ADDRESS <b>Ex. Spgs Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 27 1956

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, ~~of the~~ ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *James A. Moles*.....  
Licensed Embalmer No.. 3296

P. O. Address *Excelsior St.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.