

No. 300
10-48
FILED SEP 26 1955THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30310

BIRTH NO. _____ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 146

1. PLACE OF DEATH a. COUNTY <u>Remisot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Remisot</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Hayti Mo</u>		c. CITY OR TOWN <u>Hayti</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) <u>203 W. Lee</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>203 W. Lee</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Flossie</u> b. (Middle) <u>Washington</u> c. (Last) <u>M^c Carn</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 17, 1955</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH (Month) (Day) (Year) <u>Nov 18 1883</u>	9. AGE (In years) (Months) (Days) (If UNDER 1 YEAR, Hours) (If UNDER 1 HRS., Min.) <u>71 10 6</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Greenville Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Hugh M^c Carn</u>		13b. MOTHER'S MAIDEN NAME <u>Angeline Henderson</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Jane M^c Carn</u>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Mary Jane M^c Carn Hayti, Mo</u>		ADDRESS
<u>No</u>	<u>-</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</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. <u>4201</u>			

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)
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 9-17-1955 to 9-17-1955, that I last saw the deceased alive on 9-17-1955, and that death occurred at 5:20 P.M. from the causes and on the date stated above.

23a. SIGNATURE <u>John W. German</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Hayti, Mo</u>	23c. DATE SIGNED <u>9-19-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>9-19-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Malden Mo</u>
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DATE REC'D BY LOCAL REG. <u>9-21-55</u>	REGISTRAR'S SIGNATURE <u>John W. German</u>	4060	25. FUNERAL DIRECTOR'S SIGNATURE <u>John H. German</u>	ADDRESS <u>Hayti, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

9-263-55

SEP 24 1955

PEPISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

NOV 23 1955

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 *John St German*

Licensed Embalmer No. *4255*

P. O. Address *Wayti, Mo*

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.