

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 23 1955

State File No. **36921**
4810
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. 1002

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| 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 township) OR TOWN Kansas City Mo. | | c. CITY OR TOWN Kansas City | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St Lukes Hosp | | e. STREET ADDRESS (If rural, give location) 5126 Montgall | |

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| 3. NAME OF DECEASED (Type or Print) CARL JACKSON McCART | a. (First) | b. (Middle) | c. (Last) | 4. DATE OF DEATH (Month) (Day) (Year) Nov 7 1955 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH May 16, 1918 | 9. AGE (In years last birthday) 37 IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager | 10b. KIND OF BUSINESS OR INDUSTRY McCall Service Sta | 11. BIRTHPLACE (City and State or Foreign Country) Sheridan Mo | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |

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| 13a. FATHER'S NAME Carl Jackson McCart, Sr. | 13b. MOTHER'S MAIDEN NAME Edna Horton | 14. NAME OF HUSBAND OR WIFE Vinita McCart |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes ww 2 | 16. SOCIAL SECURITY NO. 487-05-7693 | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hospital Records St Lukes |

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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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH E 8:24 37 |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia Post-operative | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Multiple Fractures Hemiplegia DUE TO (c) Ruptured Bladder | | |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |

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| 21a. ACCIDENT (Specify) SUICIDE HOMICIDE Accident Highway | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Bates MO |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10-30-55 | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? One cow went off road |
| 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 Hugh A Owens Coroner | 23b. ADDRESS 1034 Pratt Bldg | 23c. DATE SIGNED 11-8-55 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE Nov 8, 1955 | 24c. NAME OF CEMETERY OR CREMATORY Salisbury Missouri |

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| DATE REC'D BY LOCAL REG. 11-8-55 | REGISTRAR'S SIGNATURE Neva Marshall | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sheil Funeral Home Kansas City Mo. |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 8 1956

AUG 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, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Thomas A. Steel*.....

Licensed Embalmer No. 498

P. O. Address H.C. 1

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.