

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39547

State File No.

BIRTH NO. P5299-55 REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 2000 Registrar's No. 376

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>MOON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u>	c. LENGTH OF STAY (in this place) <u>1 day</u>	c. CITY OR TOWN <u>LaPlata</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR KIRKSVILLE OSTEOPATHIC INSTITUTION <u>Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>0619</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Dennis</u>	b. (Middle) <u>Neal</u>	c. (Last) <u>McCarty</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12 26 55</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Dec. 25, 1955</u>
9. AGE (In years last birthday) <u>10</u>		IF UNDER 1 YEAR Months <u>15</u>	IF UNDER 12 HRS. Hours <u>15</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Kirksville, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>US</u>		14. NAME OF HUSBAND OR WIFE	

13a. FATHER'S NAME <u>Francis Neal McCarty</u>	13b. MOTHER'S MAIDEN NAME <u>Mildred Lucille Rogers</u>	14. NAME OF HUSBAND OR WIFE
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lucille B. McCarty</u>	ADDRESS <u>La Plata</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary Failure</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) <u>Atelactasis</u> DUE TO (c) <u>Premature delivery</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>7625</u>		

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 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 Dec. 25, 1955, to Dec. 26, 1955, that I last saw the deceased alive on Dec. 26, 1955, and that death occurred at 9:35 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. O. Reynolds</u>	(Degree or title) <u>D.O.</u>	23b. ADDRESS <u>KOH Kirksville, Mo.</u>	23c. DATE SIGNED <u>12-27-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>12-27-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>La Plata Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>La Plata Mo.</u>
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DATE REC'D BY LOCAL REG. <u>12-29-55</u>	REGISTRAR'S SIGNATURE <u>Kate Lambert</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Stemerson, Wilson</u>	ADDRESS <u>La Plata Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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..

Was not Embalmed

Student.....
Signature of Student Embalmer

Signed *Hennerson Wilson*

Licensed Embalmer No. *470*

P. O. Address *La Plata*

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.