

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39923

State File No. ....

FILED JAN 11 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4099 Registrar's No. 182

|   |  |  |   |
|---|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Cass</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u> |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pleasant Hill</u> |  | c. CITY OR TOWN <u>Pleasant Hill</u>   | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) <u>12 yrs.</u>  |  | e. STREET ADDRESS (If rural, give location) <u>305 N. Campbell</u>   |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>305 N. Campbell</u>                                   |  |  |   |

|   |                              |   |   |   |   |
|---|------------------------------|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print)   |                              |   | 4. DATE OF DEATH (Month) (Day) (Year)   |   |   |
| a. (First) <u>William</u>   | b. (Middle) <u>Jefferson</u> | c. (Last) <u>Gary</u>   | <u>12 / 29 / 1955</u>   |   |   |
| 5. SEX <u>M</u>   | 6. COLOR OR RACE <u>W</u>    | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> | 8. DATE OF BIRTH <u>Oct. 31, 1869</u>   | 9. AGE (In years last birthday) <u>86</u> | IF UNDER 1 YEAR Months _____ Days _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u> |                              | 10b. KIND OF BUSINESS OR INDUSTRY <u>agriculture</u>                  | 11. BIRTHPLACE (City and State or Foreign Country) <u>Strasburg, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>  |   |

|   |   |  |
|---|---|--|
| 13a. FATHER'S NAME <u>Charles E. Cary</u> | 13b. MOTHER'S MAIDEN NAME <u>Catherine Howe</u> | 14. NAME OF HUSBAND OR WIFE <u>Anna Belle (Rollins) Cary</u> |
|---|---|--|

|  |                                     |   |
|--|-------------------------------------|---|
| 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>Clyde R. Cary</u> ADDRESS <u>Lee's Summit, Mo.</u> |
|--|-------------------------------------|---|

|   |   |               |                                  |
|---|---|---------------|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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   |               | INTERVAL BETWEEN ONSET AND DEATH |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Emphysema</u>   |               | <u>18 mo</u>                     |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |               |                                  |
| II. OTHER SIGNIFICANT CONDITIONS <u>Acute coronary thromboses</u>   |   | <u>12 hrs</u> |                                  |
| Conditions contributing to the death but not related to the disease or condition causing death.   |   |               |                                  |

|                        |  |  |
|------------------------|--|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>5271</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------|--|--|

|   |  |   |
|---|--|---|
| 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) (Min) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR?                      |

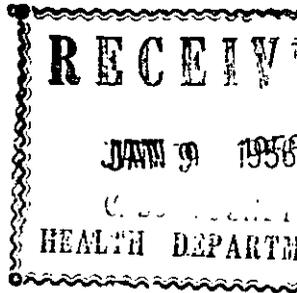
22. I hereby certify that I attended the deceased from 6-15, 1954, to 12-29, 1955, that I last saw the deceased alive on 12-29, 1955, and that death occurred at 11:45 P.M., from the causes and on the date stated above.

|  |                                       |                                  |
|--|---------------------------------------|----------------------------------|
| 23a. SIGNATURE (Degree or title) <u>Uwe Klund M.D.</u> | 23b. ADDRESS <u>Pleasant Hill, Mo</u> | 23c. DATE SIGNED <u>12-30-55</u> |
|--|---------------------------------------|----------------------------------|

|   |                           |   |  |
|---|---------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 24b. DATE <u>12/31/55</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Strasburg, Mo</u> | 24d. LOCATION (City, town, or county) (State) <u>Strasburg, Missouri</u> |
|---|---------------------------|---|--|

|  |   |  |
|--|---|--|
| DATE REC'D BY LOCAL REG. <u>Dec 31, 1955</u> | REGISTRAR'S SIGNATURE <u>Dora Barakat</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Brownfield-Stanley</u> ADDRESS <u>Pleasant Hill, Mo.</u> |
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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 *Allen Brownfield*.....

Licensed Embalmer No. *378*.....

P. O. Address *Pleasant Hill*.....

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.