

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33359**

FILED OCT 22 1956

BIRTH NO. _____		REG. DIST. NO. 53		PRIMARY REG. DIST. NO. 4079		Registrar's No. 454	
1. PLACE OF DEATH a. COUNTY CAPE GIRARDEAU				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY CAPE GIRARDEAU			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Randles		c. LENGTH OF STAY (in this place) 2 WKS		c. CITY OR TOWN Randles		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				STREET ADDRESS (If rural, give location) WELCH TOWNSHIP			
3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) FRANKLIN c. (Last) MCCARN			4. DATE OF DEATH (Month) (Day) (Year) Oct. 10, 1956				
5. SEX MALE		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED		8. DATE OF BIRTH Oct. 5, 1884	
9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Months 0 Days 5		IF UNDER 24 HRS. Hours 0 Min. 5			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING			10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME W. M. McCarn			13b. MOTHER'S MAIDEN NAME Adelia Wells		14. NAME OF HUSBAND OR WIFE NONE		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. (If yes, give war or date of service) NONE		17. INFORMANT'S SIGNATURE OR NAME Mrs. Minnie Butts ADDRESS Randles, Mo			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis					INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) _____ m. _____		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 Coronae Case died suddenly and saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE J. F. Sigmond (Degree or title) Coroner				23b. ADDRESS Jackson Mo		23c. DATE SIGNED Oct. 13, 1956	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 10/12/56		24c. NAME OF CEMETERY OR CREMATORY Wesley Chapel Cemetery		24d. LOCATION (City, town, or county) (State) Hiram, Mo.	
DATE REC'D BY LOCAL _____		REGISTRAR'S SIGNATURE C. C. Summers		25. FUNERAL DIRECTOR'S SIGNATURE Wm. H. Thayer		ADDRESS Advance, Mo	

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

+40

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 *Wm H. Morgan*
Licensed Embalmer No. *464*
P. O. Address *Advance*

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.