

FILED MAR 13 1957

HEALTH, WELFARE
PUBLIC SERVICE
STANDARD CERTIFICATE OF DEATH

5829

STATE FILE NUMBER

Registration District No. 291 Primary Registration District No. 4433 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>Putnam</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Putnam</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Unionville</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Unionville R.F.D.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Monroe Hospital</u>			Length of stay in 1b <u>I Hour</u>		d. STREET (If outside, give location) ADDRESS <u>Unionville R.F.D.</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>Milo</u> Middle <u>Cecil</u> Last <u>McCarty</u>				4. DATE OF DEATH Month <u>Feb.</u> Day <u>24</u> Year <u>1957</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Dec. 4 1884</u>		9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>20</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Owner</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (City and state or country) <u>Putnam County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13. FATHER'S NAME <u>Elmore McCarty</u>				14. MOTHER'S MAIDEN NAME <u>Rebecca Jane Hackney</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 <u>Mrs. John Milder</u>			Address <u>LEMONS, MISSOURI</u>	
18. CAUSE OF DEATH [Enter only one cause per line in (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Self inflicted bullet wound in forehead penetrating cerebrum</u>							INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u></u> DUE TO (c) <u></u>									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Depression (mental)</u>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Shot self through forehead with 32 caliber revolver causing bullet to enter through cerebrum. Bullet entered at top of forehead.</u>			
20c. TIME OF INJURY Hour <u>9</u> a. m. Month, Day, Year <u>2-24-57</u>			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>In home</u>		20f. CITY, TOWN, OR LOCATION <u>Unionville Putnam Mo</u>		COUNTY <u>Putnam</u> STATE <u>MO</u>		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21. I attended the deceased from <u>Feb 24-57</u> to <u>Feb 24-57</u> and last saw <u>him</u> alive on <u>Feb 24-57</u> Death occurred at <u>11:00 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Chas L. Juddo</u> (Degree <u>3</u>)				22b. ADDRESS <u>Putnam Co Unionville Mo</u>		22c. DATE SIGNED <u>2-27-57</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Feb. 27 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Lemons Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Lemons, Missouri</u>			
24. FUNERAL DIRECTOR <u>Wm Comstock</u> Funeral Home ADDRESS <u>Unionville, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>3-9-1957</u>		26. REGISTRAR'S SIGNATURE <u>Marvell Dushin</u>			

(Licensed Embalmer's Statement on Reverse Side)

300
1-56

All symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

SEP 20 1957

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 *James W. Constock*
Licensed Embalmer No. *41*

P. O. Address *Unionville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.