

FILED MAY 3 - 1957

STANDARD CERTIFICATE OF DEATH

13912

STATE FILE NUMBER

Registration District No. 200 Primary Registration District No. 5725 Registrar's No. 56

1. PLACE OF DEATH a. COUNTY <u>MACON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>SHELBY</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Highway 36 East Hudson</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>CLARENCE</u>		1020 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>Highway 36 East</u>			Length of stay in lb <u>—</u>			d. STREET ADDRESS (If outside, give location) <u>RURAL ROUTE</u>	
3. NAME OF DECEASED (Type or print) First <u>PATRICK</u> Middle <u>JOHN</u> Last <u>MCCARTY</u>				4. DATE OF DEATH Month <u>APRIL</u> Day <u>20</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>FEB 25 1936</u>	
9. AGE (In years last birthday) <u>21</u>		IF UNDER 1 YEAR Months <u>—</u> Days <u>—</u> Hours <u>—</u> Min. <u>—</u>		IF UNDER 24 HRS. Hours <u>—</u> Min. <u>—</u>		11. BIRTHPLACE (City and state or country) <u>MO SHELBY COUNTY</u>	
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>FARMING GEN. LABOR</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13. FATHER'S NAME <u>SHELDON MCCARTY</u>				14. MOTHER'S MAIDEN NAME <u>ALICE HANSEN</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>YES 21 MONTHS US ARMY 494-28-4544</u>			16. SOCIAL SECURITY NO. <u>38-4544</u>		17. INFORMANT <u>SHELDON MCCARTY CLARENCE MO</u>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Fractured Skull</u> DUE TO (b) <u>Auto Accident</u> DUE TO (c) <u>8194</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>31</u>							INTERVAL BETWEEN ONSET AND DEATH <u>Inst</u>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Sideswiped Bridge</u>				
20c. TIME OF INJURY Hour <u>1:30</u> a. m. <u>—</u> Month, Day, Year <u>Apr. 20 57</u>			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 36 Bridge</u>				
20e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20f. CITY, TOWN, OR LOCATION <u>061</u> COUNTY <u>MO</u> STATE <u>MO</u>				
21. I attended the deceased from <u>1:30</u> to <u>—</u> and last saw her/him alive on <u>—</u> Death occurred at <u>1:30</u> A. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Lester Sutton, Coroner</u>			22b. ADDRESS <u>Macon</u>		22c. DATE SIGNED <u>Mo. Apr. 24 57</u>		
23a. BURIAL, CREMATION, REBURNAL (Specify) <u>BURIAL</u>		23b. DATE <u>4-22-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MAPLEWOOD CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>CLARENCE MO</u>		
24. FUNERAL DIRECTOR <u>Chas. V. Sheeney</u>			ADDRESS <u>Clarence MO</u>		25. DATE RECD. BY LOCAL REG. <u>4/26/57</u>		
26. REGISTRAR'S SIGNATURE <u>Ruth M. Neely</u>							

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

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(Licensed Embalmer's Statement on Reverse Side)

MAY 8 1957

MAY 19 1957

County File No. 5,311,2
Date Filed 5, 1, 57

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 *Paul V. Green*

Licensed Embalmer No. 46

P. O. Address *Chicopee*

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.