

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20147

STATE FILE NUMBER

FILED JUL 5 1957

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 694

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gentry					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Stanberry		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Josephs Hosp.			Length of stay in lb 11 days		d. STREET ADDRESS (If outside, give location)		Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM H. MC CARTY				4. DATE OF DEATH Month Day Year June 22 1957					
5. SEX male		6. COLOR OR RACE white		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Feb. 9 1891		9. AGE (In years last birthday) 66	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Real Estate Salesman		10b. KIND OF BUSINESS OR INDUSTRY Real estate Co.		11. BIRTHPLACE (City and state or country) Stanberry, Mo.		12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME John Mc Carty				14. MOTHER'S MAIDEN NAME Mary Bowlin					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown) (If yes, give war or dates of service) yes W.W. # 1			16. SOCIAL SECURITY NO. unknown		17. INFORMANT O'Donnell B. McCarty, Stanberry, Mo.				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Subacute yellow atrophy of liver Interval between onset and death 6 days Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) H.I. Bleeding, Esophageal Varices, Cardia II. days DUE TO (c) Varices & Gastric ulcer 6 months PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)								19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input 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.)						
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from 1954 to 1957 and last saw her alive on June 22, 1957 Death occurred at 5:55p. m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Joseph L. Fisher, M.D.				22b. ADDRESS 824 Edmund St.			22c. DATE SIGNED 6-25-57		
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 6/25/1957		23c. NAME OF CEMETERY OR CREMATORY Mount Columbia, Conception		23d. LOCATION (City, town, or county) (State) Stanberry, Missouri			
24. FUNERAL DIRECTOR Heaton-Bowman			ADDRESS St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. July 1, 1957		26. REGISTRAR'S SIGNATURE Mrs. Robert Fulton		

(Licensed Embolmer's Statement on Reverse Side)

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1-56
ALL diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

JUL 6 1958

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 *Billie C. Gonder*

Licensed Embalmer No. *490*

P. O. Address *St. Joseph*

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.