

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34657

STATE FILE NUMBER

FILED OCT 8 1957 Registration District No. 369 Primary Registration District No. 4538 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY WAYNE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY WAYNE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN PIEDMONT		c. CITY OR TOWN PIEDMONT 110	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ✓		Length of stay in 1b ✓	
		d. STREET ADDRESS (If outside, give location) ✓	
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) GEORGE CLINTON M'CARTHY			4. DATE OF DEATH SEPT. 26 1957		
5. SEX MALE			6. COLOR OR RACE WHITE		
7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			8. DATE OF BIRTH JAN. 3, 1902		
9. AGE (In years last birthday) 55			IF UNDER 1 YEAR 8 Months 23 Days		IF UNDER 24 HRS. 0 Hours 0 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) R.R. AGENT & OPERATOR		10b. KIND OF BUSINESS OR INDUSTRY RAIL ROAD		11. BIRTHPLACE (City and state or country) HUMANSVILLE, MO.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME WILLIAM M'CARTHY			
14. MOTHER'S MAIDEN NAME ORLENA MOLDER				15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) ✓	
16. SOCIAL SECURITY NO. 490-03-6073		17. INFORMANT HAZEL-M-M'CARTHY Address PIEDMONT 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) Asphyxia		INTERVAL BETWEEN ONSET AND DEATH Unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Carbon Monoxide inhalation	
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 9731		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Garden Hose from exhaust pipe into Car	
20c. TIME OF INJURY 11:45 P.M. SEPT 26 57		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) STREET	20f. CITY, TOWN, OR LOCATION Piedmont COUNTY Wayne STATE Mo.

21. I attended the deceased from _____ to _____ and last saw her alive on _____
Death occurred at **11:45 P.M.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Morris E. Bowles (Degree or title)	22b. ADDRESS Piedmont, Mo.	22c. DATE SIGNED 9-28-57
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE SEPT. 29, 57	23c. NAME OF CEMETERY OR CREMATORY DONIPHAN CEM.	23d. LOCATION (City, town, or county) (State) DONIPHAN MO.
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24. FUNERAL DIRECTOR M. E. Bowles ADDRESS Piedmont, Mo.	25. DATE RECD. BY LOCAL REG. Sept. 28-1957	26. REGISTRAR'S SIGNATURE Hazel Ward
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(Licensed Embalmer's Statement on Reverse Side)

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

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vice
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OCT 23 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 Marvin E Bowles, Student Embalmer No. _____
working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed Marvin E. Bowles

Licensed Embalmer No. 48

P. O. Address Piedmont

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.