

FILED NOV 25 1957

Registration District No. 71

Primary Registration District No. 3012

Registrar's No. 102

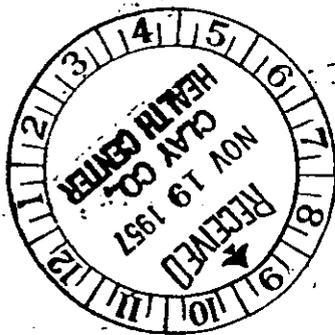
y. S. 300  
ev. 1-57 (7)

1. PLACE OF DEATH a. COUNTY <b>Clay</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Clay</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Excelsior Springs</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Smithville</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Veterans Administration Hospital</b>		Length of stay in 1b <b>27 days</b>	d. STREET ADDRESS (If outside, give location) <b>--</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Henry</b> Middle <b>F.</b> Last <b>McCARTY</b>		4. DATE OF DEATH Month <b>November</b> Day <b>9</b> Year <b>1957</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>2-15-90</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Miner-unemployed</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Mining</b>	9. AGE (In years last birthday) <b>67</b>
11. BIRTHPLACE (City and state or country) <b>Clay County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Henry McCarty</b>		13b. MOTHER'S MAIDEN NAME <b>Eliza Creason</b>	
14. NAME OF HUSBAND OR WIFE <b>Wife deceased</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <b>495-09-8860</b>		17. INFORMANT <b>VA Hospital records</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Chronic pulmonary insufficiency (with acute exacerbation-duration 27 days)</b> DUE TO (b) <b>Chronic pulmonary emphysema and fibrosis, severe</b> DUE TO (c) <b>13 years</b> 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)			INTERVAL BETWEEN ONSET AND DEATH <b>2 years</b>
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.) <b>---</b>	
20c. TIME OF INJURY Hour <b>---</b> Month, Day, Year <b>---</b> a.m. <b>---</b> p.m. <b>---</b>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>---</b>	
20e. CITY, TOWN, OR LOCATION <b>---</b>		20f. COUNTY STATE <b>---</b>	
20g. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20h. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>---</b>	
21. I attended the deceased from <b>October 14, 1957</b> to <b>November 9, 1957</b> (and last saw him alive on <b>November 9, 1957</b> ) Death occurred at <b>3:35</b> A <b>m</b> on the date stated above; and to the best of my knowledge, from the causes stated.		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
22a. SIGNATURE <b>S. C. STROFF, M.D.</b>		22b. ADDRESS <b>Excelsior Springs, Mo.</b>	
22c. DATE SIGNED <b>11-10-57</b>		23. NAME OF CEMETERY OR CREMATORY <b>MISSOURI CITY MISSOURI CITY, MO</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	
23c. LOCATION (City, town, or county) (State)		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL HOME, ADDRESS <b>Pritchard Funeral Home, Inc. Excelsior Springs, Missouri</b>		25. DATE RECD. BY LOCAL REG. <b>11-14-57</b>	
26. REGISTRAR'S SIGNATURE <b>Caroline Tutting</b>		26. REGISTRAR'S SIGNATURE	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION



00-11-00

**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 *Ralph Van Landingham*

Licensed Embalmer No. *4009*  
Address *Epelias Springs, Mo*

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.