

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020925

STATE FILE NUMBER

FILED JUL 15 1958 Registration District No. 5-17-34 Primary Registration District No. 34-311 Registrar's No.

1. PLACE OF DEATH. a. COUNTY Boone			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Boone		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cedar		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Ashland mo. R.F.D.		8100 0 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6 Mi. West Ashland, Mo		Length of stay in 1b Life	d. STREET (If outside, give location) ADDRESS 6 Mi. West Ashland Mo.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Ora Middle Alice Last McCarty			4. DATE OF DEATH Month July Day 5 Year 1958		
5. SEX Female	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 April 11 1889	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months 2 Days 24 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Ashland, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John Salmon			14. MOTHER'S MAIDEN NAME Rosa Sapp		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 11111	17. INFORMANT Address Ceril McCarty Jefferson City 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) Encephalitis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arterio sclerosis DUE TO (c) _____ 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 2 yrs 10 yrs
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 _____ a. m. _____ p. m. Month, Day, Year _____			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 May 1-58 to July 5-58 and last saw ^{her} / _{him} alive on June 28-58 Death occurred at 7:15 A. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE F. C. Duggan M.D. (Degree or title)			22b. ADDRESS Columbia		22c. DATE SIGNED July 7-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 7 1958	23c. NAME OF CEMETERY OR CREMATORY New Liberty Cemetery		23d. LOCATION (City, town, or county) Ashland Mo.	
24. FUNERAL DIRECTOR W. C. Burnett Ashland Mo		ADDRESS	25. DATE RECD. BY LOCAL REG. July 7, 1958	26. REGISTRAR'S SIGNATURE Mrs Mildred Burnett	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Coroner cannot certify to a death due to natural causes.

JUL 17 1950

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 *W^m C Burnett*.....

Licensed Embalmer No. *35*.....

P. O. Address *Ashtabula*.....

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.