

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-024570

STATE FILE NUMBER

FILED AUG 4 1958 Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 332

S. 300  
1-57

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

1. PLACE OF DEATH a. COUNTY <b>Boone</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Montgomery</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Columbia Mo</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Buell Mo</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Boone County</b>		Length of stay in 1b <b>1 da</b>	d. STREET ADDRESS (If outside, give location) <b>None</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>Mary L. Mc Carty</b>			4. DATE OF DEATH Month Day Year <b>July 29 th 1958</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>2-5- 1876</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. <b>82</b> Months Days Hours Min.
11. BIRTHPLACE (City and state or country) <b>Danville Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Theodore Gregory</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Appling</b>	
14. NAME OF HUSBAND OR WIFE <b>Wm Mc Carty</b>		17. INFORMANT <b>William Mc Carty Buell Mo</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</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>PNEUMONIA, ENTIRE LEFT LUNG</b> DUE TO (b) <b>UNIDENTIFIED BACTERIAL AGENT</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) <b>493 X</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>ARTERIOSCLEROTIC HEART DIS., CLASS III</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 DAYS</b>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 <b>1955</b> to <b>7-29-1958</b> and last saw her alive on <b>7-28-1958</b> Death occurred at <b>145</b> a.m. on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE OF PHYSICIAN <b>[Signature]</b>	
22b. ADDRESS <b>22 N 8th Columbia Ave, Mo</b>		22c. DATE SIGNED <b>7-29-58</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>7-31-58</b>	
23c. NAME OF CEMETERY OR CREMATOR <b>Montgomery City</b>		23d. LOCATION (City, town, or county) (State) <b>Montgomery City Mo</b>	
24. FUNERAL DIRECTOR <b>[Signature]</b>		25. DATE RECD. BY LOCAL REG. <b>July 30, 1958</b>	
26. REGISTRAR'S SIGNATURE <b>Mrs. R.E. Palmer</b>			

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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, ~~on~~ on the 29th day of July 1958, Student Embalmer No. working under my personal supervision.

Student Signature of Student Embalmer

Signed G. W. Hopkins

Licensed Embalmer No. 1487 Montgomery City Mo P. O. Address

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.