

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-024078

FILED VS AUG 11 1959¹⁵

58

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. 5066 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Barton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Irwin		Length of stay in 1b Life	c. CITY OR TOWN Irwin
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Charles Henry McNary			4. DATE OF DEATH Month Day Year Aug. 2 1959
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 June 20 1898
9. AGE (last birthday) 61		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Grain Elevator	11. BIRTHPLACE (City and state or country) Barton Co.
12. CITIZEN OF WHAT COUNTRY US		13a. FATHER'S NAME E.F. McNary	
13b. MOTHER'S MAIDEN NAME Vernie Chabtree		14. NAME OF HUSBAND OR WIFE Cinnie Wiseman	
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. 486-24-6075	17. INFORMANT Address Cinnie McNary Irwin
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion			INTERVAL BETWEEN ONSET AND DEATH 5 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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 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 1-4-56 to 8/1/59 and last saw him alive on 8/1/59 Death occurred at 10.30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Thomas Carroll MD (Degree or title)		22b. ADDRESS 1204 2nd St Lower Mo	22c. DATE SIGNED 8/4/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Aug 6 59	23c. NAME OF CEMETERY OR CREMATORY Sheldon cemetery	23d. LOCATION (City, town, or county) (State) Sheldon, Mo
24. FUNERAL DIRECTOR Beeny Funeral Home Sheldon, Mo ADDRESS		25. DATE RECD. BY LOCAL REG. AUG 4 - '59	26. REGISTRAR'S SIGNATURE Marie Korantz

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS APR 18 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed S. Bernard Bury

Licensed Embalmer No. 4111

P. O. Address Sheldon 9

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.