

FILED VS JAN - 4 1960

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59044591 59044591
STATE FILE NUMBER

Registration District No. 169 Primary Registration District No. Registrar's No. 65

V. S. 300
Rev. 1-57

1. PLACE OF DEATH a. COUNTY Knox		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Knox	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Novelty		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Novelty
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Resident		Length of stay in lb	d. STREET ADDRESS (If outside, give location) Resident
3. NAME OF DECEASED (Type or print) First Mary Middle Flora Last McCarty			4. DATE OF DEATH Month Dec Day 22 Year 1959
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb 23, 1897
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 62
13a. FATHER'S NAME William Leckbee		13b. MOTHER'S MAIDEN NAME Josephine Adair	11. BIRTHPLACE (City and state or country) Knox County, Missouri
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. 494-44-7159	17. INFORMANT Address Mr Edgar McCarty, Novelty, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) myocarditis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Carcinoma of stomach DUE TO (c) Carcinoma of liver			19. INTERVAL BETWEEN ONSET AND DEATH August 1959 Dec 19-1959
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.) 4222H	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from August 1959 to Dec 22 1959 and last saw her alive on Dec 22 1959 Death occurred at 12:30A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE E. O. Helmer D.D. (Degree or title)		22b. ADDRESS Novelty, Mo	22c. DATE SIGNED Dec 27-59
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE DEC. 24, 1959	23c. NAME OF CEMETERY OR CREMATORY NOVELTY, MISSOURI	23d. LOCATION (City, town, or county) (State) NOVELTY, MO.
24. FUNERAL DIRECTOR HUDSON-RIMER FUNERAL HOME EDINA, MO		25. DATE RECD. BY LOCAL REG. Dec-28-1959	26. REGISTRAR'S SIGNATURE Nell S. Hammet

securing the medical certification in the specific manner required by 193.140 MoRS 1949. 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

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 *A. G. Rimmer*

Licensed Embalmer No. *5041*
P. O. Address *Edina, 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.