RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

60-025737
STATE FILE NUMBER

FILED VS JUL 28 1960

Registration District No. 13 Primary Registration District No. 300 3 Registrar's No. 93

1. PLACE OF DEATH
a. COUNTY: Barry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Monett Missouri
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Scroggins Nursing Home
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Lawrence
c. CITY OR TOWN: Monett Missouri
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 4 th. St.
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Henry Middle: A Last: McCarty

4. DATE OF DEATH: Month: July Day: 22 Year: 1960

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 5-7-1884
9. AGE (last birthday): 76
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Douglas County Mo.
12. CITIZEN OF WHAT COUNTRY: United States

13a. FATHER'S NAME: Charles Dee Forrest
13b. MOTHER'S MAIDEN NAME: Sarah E. Owens
14. NAME OF HUSBAND OR WIFE:

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.: 500-10-3488
17. INFORMANT: Doris Darter Address: Aurora, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Stroke — INTERVAL BETWEEN ONSET AND DEATH: 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Hyp. Arteriosclerosis — 15 yrs.
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 7/21/60 to 7/22/60 and last saw her/him alive on 7/21/60
Death occurred at 0730 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [signature] (Degree or title): MD
22b. ADDRESS: Aurora Mo
22c. DATE SIGNED: 7/23/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 7-24-60
23c. NAME OF CEMETERY OR CREMATORY: Orange Cemetery
23d. LOCATION (City, town, or county) (State): 5 mi. North Aurora Mo.

24. FUNERAL DIRECTOR: Oscar L. Marsh ADDRESS: Aurora, Missouri
25. DATE RECD. BY LOCAL REG.: 7-24-60
26. REGISTRAR'S SIGNATURE: Mrs C. M. Cook

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed b

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 38/2

P. O. Address Aurora

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