

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-010348

STATE FILE NUMBER

AMENDED

FILED APR 11 1961 Primary Registration District No. Registrar's No. 140

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF
ITEM NO.

1. PLACE OF DEATH a. COUNTY St. Francois			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dent			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hamington St. Francois Twp. XXXXXX		Length of stay in 1b- 19; 6; 23 das.	c. CITY OR TOWN Turtle		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital # 4			d. STREET ADDRESS (If outside, give location) P.O. Turtle, Mo.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First ROSA Middle LEE Last MCCARTER			4. DATE OF DEATH Month April Day 2 Year 1961			
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 1/23/97	9. AGE (last birthday) 64	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) invalid		10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (City and state or country) Dent County, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John L. McCarter		13b. MOTHER'S MAIDEN NAME Cora Belle Land		14. NAME OF HUSBAND OR WIFE None		
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. None	17. INFORMANT George McCarter, Rte 3, Salem, 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) Coronary Occlusion - - - - - Instantaneous. DUE TO (b) Coronary Sclerosis - - - - - Unknown. DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Mental deficiency.				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 March 31, 1961 to April 2, 1961 and last saw him alive on April 2, 1961 Death occurred at 1:15 A. M. 1:15 A. m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) <i>John A. Brennan M.D.</i>			22b. ADDRESS State Hospital No. 4 Farmington, Missouri		22c. DATE SIGNED 4-3-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Rein & Burial	23b. DATE 4/4/61	23c. NAME OF CEMETERY OR CREMATORY Miner Cemetery		23d. LOCATION (City, town, or county) (State) Dent County Missouri		
24. FUNERAL DIRECTOR Max C. Wray		ADDRESS Salem, Mo.	25. DATE RECD. BY LOCAL REG. April 8, 1961	26. REGISTRAR'S SIGNATURE <i>Eather Rudloff</i>		

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 Max L. Waagel

Licensed Embalmer No. 4170

P. O. Address Salem, N.H.

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.