

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-039644

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 367 Primary Registration District No. 3049 Registrar's No. 191

<b>FILED NOV 1 1962</b>	
<b>1. PLACE OF DEATH</b> a. COUNTY <b>Pemiscot</b> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Hayti</b> Length of stay in 1b <b>4 Days</b> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Pem. County Me. Hsp.</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pemiscot</b> c. CITY OR TOWN <b>Caruthersville</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (If outside, give location) <b>1625 E. 18th. St.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>3. NAME OF DECEASED</b> First Middle Last <b>Willie B. "Bill" McCarty</b>	
<b>4. DATE OF DEATH</b> Month Day Year <b>October 20, 1962</b>	
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>
<b>7. Married</b> <input type="checkbox"/> Never Married <input type="checkbox"/> <b>Widowed</b> <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <b>8/28/02</b>
<b>9. AGE (last birthday)</b> <b>60</b> IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Logger-contractor</b>	
<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Logging- Timber</b>	
<b>11. BIRTHPLACE</b> (City and state or country) <b>Kentucky</b>	
<b>12. CITIZEN OF WHAT COUNTRY</b> <b>U.S.A.</b>	
<b>13a. FATHER'S NAME</b> <b>William Mack McCarty</b>	
<b>13b. MOTHER'S MAIDEN NAME</b> <b>Unknown</b>	
<b>14. NAME OF HUSBAND OR WIFE</b> <b>X</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
<b>16. SOCIAL SECURITY NO.</b> <b>X</b>	
<b>17. INFORMANT</b> <b>Nadine Webb--Cairo, Illinois</b> Address	
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Vasomotor hemorrhage</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) <b>Hypertension</b>	
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	
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	
<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	
<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)	
<b>20c. TIME OF INJURY</b> Hour a.m. p.m. Month, Day, Year	
<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	
<b>20f. CITY, TOWN, OR LOCATION</b> COUNTY STATE	
<b>21. I attended the deceased from</b> <u>1958</u> <b>to</b> <u>Oct 20, 1962</u> <b>and last saw him alive on</b> <u>Oct 20, 1962</u> Death occurred at <u>9:15 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
<b>22a. SIGNATURE</b> (Degree or title) <b>Charlotte E. Sloan</b> <b>22b. ADDRESS</b> <b>Caruthersville Mo</b> <b>22c. DATE SIGNED</b> <b>10/20/62</b>	
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b> <b>23b. DATE</b> <b>Oct. 21, 1962</b> <b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>Evergreen Cemetery</b> <b>23d. LOCATION</b> (City, town, or county) (State) <b>New Madrid, Missouri</b>	
<b>24. FUNERAL DIRECTOR</b> <b>H.S. Smith</b> <b>ADDRESS</b> <b>F. Home-Caruthersville, Mo.</b> <b>25. DATE RECD. BY LOCAL REG.</b> <b>10-29-62</b> <b>26. REGISTRAR'S SIGNATURE</b> <b>Charlotte E. Sloan</b>	

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DATE AMENDED  
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF  
DOCUMENT  
BY AFFIDAVIT OF  
ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

**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 W. Dewey Fike

Licensed Embalmer No. 4484

P. O. Address Caruthersville 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.