

FILED JAN 15 1951

STANDARD CERTIFICATE OF DEATH

State File No. 3552

BIRTH NO. _____ REG. DIST. NO. 354 PRIMARY REG. DIST. NO. 6198 Registrar's No. 61

1. PLACE OF DEATH a. COUNTY TEXAS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY TEXAS	
b. CITY (If outside corporate limits, write RURAL and give township) CASSTWP		c. CITY (If outside corporate limits, write RURAL and give township) CASSTWP 1071	
c. LENGTH OF STAY (In this place) 32 yrs		d. STREET ADDRESS (If rural, give location) near Simmons mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) JAMES	b. (Middle) JACKSON	c. (Last) CARTY	4. DATE OF DEATH (Month) (Day) (Year) JAN 1 1951
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5. SEX m-o	6. COLOR OR RACE w.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov 29 1866	9. AGE (In years last birthday) Months Days Hours Min. 84
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) minister	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Va. 1	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME Joseph Carty	13b. MOTHER'S MAIDEN NAME Hulda C. Patrick	14. NAME OF HUSBAND OR WIFE MARTHA CARTY
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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'S SIGNATURE OR NAME Mrs. Martha Carty Simmons mo.	ADDRESS Simmons mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio sclerotic heart disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		42011	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from _____, 19____, to Jan 1, 1951, that I last saw the deceased alive on Jan 1, 1951, and that death occurred at 2:10 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Gaynell Cunningham	23b. ADDRESS Cabool Mo.	23c. DATE SIGNED Jan 3/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan 4 1951	24c. NAME OF CEMETERY OR CREMATORY Steeley Chapel	24d. LOCATION (City, town, or county) (State) Elk Creek Texas Co. Mo.
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DATE REC'D BY LOCAL REG. 1-4-51	REGISTRAR'S SIGNATURE Gaynell Cunningham	25. FUNERAL DIRECTOR'S SIGNATURE Gaylord V. Elliott	ADDRESS Cabool Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED JAN 8 1951

Dist. File 127-72

Date Filed 1-8-51

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
Student Embalmer

Signed Raymond V. Elliott
Licensed Embalmer No. 2252

P. O. Address Calool

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 this body is not embalmed, fact should be so stated above.