

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21160

State File No. \_\_\_\_\_

BIRTH NO. 39702-56 REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5719 Registrar's No. 144

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Macon</u>	
b. CITY OR TOWN <u>Bever Twp</u>		c. CITY OR TOWN <u>Bever</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) <u>0617</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JERRY</u> b. (Middle) <u>LYNN</u> c. (Last) <u>CARTY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-26-56</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>6/20-56</u>	9. AGE (In years last birthday)	10. IF UNDER 1 YEAR Months <u>6</u> Days <u>6</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Macon Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>Mo</u>

13a. FATHER'S NAME <u>Leslie Carty</u>	13b. MOTHER'S MAIDEN NAME <u>Maxine Johnson</u>	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) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Leslie Carty</u> ADDRESS <u>Bever Mo</u>

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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Suffocation, accidental</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>accidental in bed</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>		9240	

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) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>Home in bed</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Bever Macon Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6 26 56 3am</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Injured sleeping in bed with mother</u>

22. I hereby certify that I attended the deceased from 6/20 1956, to 6/26 1956, that I last saw the deceased alive on June 23, 1956 and that death occurred at 5:45 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>James E. Campbell MD</u>	b. ADDRESS <u>Macon Mo</u>	23c. DATE SIGNED <u>6/29/56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6/27/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>East Orchard Ln</u>
24d. LOCATION (City, town, or county) (State) <u>Bever Mo</u>		

DATE REC'D BY LOCAL REG. <u>7/2/56</u>	REGISTRAR'S SIGNATURE <u>Butt McNeely</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H. E. Edwards</u> ADDRESS <u>Bever Mo</u>
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(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10. 48

185  
8

RECEIVED 7.11.56  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 7-56-108  
Date Filed 7.12.56

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. Edwards*

Licensed Embalmer No. 196

P. O. Address *Brewer*

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.