

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED APR 24 1956

State File No. **12602**

No. 300  
0.48

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

BIRTH NO. _____		REG. DIST. NO. <u>55</u>		PRIMARY REG. DIST. NO. <u>3011</u>		Registrar's No. <u>28</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Carroll</u>		b. CITY OR TOWN <u>Carrollton</u>		a. STATE <u>Mo.</u>		b. COUNTY <u>Carroll</u>	
c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Carrollton</u>		c. CITY OR TOWN <u>Carrollton</u>		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Brockman Rest Home</u>				e. STREET ADDRESS (If rural, give location) <u>Brockman Rest Home</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) <u>Joel Robert</u>	b. (Middle) <u>Cary</u>	c. (Last) <u>Cary</u>	Month <u>Apr.</u>	Day <u>8</u>	Year <u>1956</u>	Male <input checked="" type="checkbox"/>	Female <input type="checkbox"/>
6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 29, 1873</u>	9. AGE (in years last birthday) <u>83</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Carroll Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Henry B. Cary</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ann Trotter</u>	
14. NAME OF HUSBAND OR WIFE <u>Lydia McKay Cary</u>		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. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Henry McKay Cary, Jefferson City, Mo.</u>	
17. ADDRESS <u>Jefferson City, Mo.</u>		18. CAUSE OF DEATH				MEDICAL CERTIFICATION	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				DUE TO (b) <u>Generalized Atherosclerosis</u>	
		DUE TO (c) _____				DUE TO (c) _____	
		II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) <u>4201</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>April 8</u> , 19 <u>56</u> , to <u>April 8</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>April 8</u> , 19 <u>56</u> , and that death occurred at <u>1 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>John H. Platy</u>				23b. ADDRESS <u>303 N. Main St. Carrollton Mo.</u>		23c. DATE SIGNED <u>4-9-56</u>	
24a. BURIAL (CREMATION, REMOVAL) (Specify) <u>Burial</u>		24b. DATE <u>4/10/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Carrollton, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>4-18-56</u>		REGISTRAR'S SIGNATURE <u>Max Herbert Carver</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Stanley Gibson</u>		ADDRESS <u>Carrollton Mo</u>	

MAY 21 1958

**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..... *Ben W. Gibson*

Licensed Embalmer No. *296*

P. O. Address *Carrollton*

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.