

No. 300
10-48
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THE DIVISION OF HEALTH OF MISSOURI
FILED SEP 20 1950 STANDARD CERTIFICATE OF DEATH

29711

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 56 PRIMARY REG. DIST. NO. 4080 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Norborne</u>		c. CITY (If outside corporate limits write RURAL and give township) OR TOWN <u>Norborne</u>	
c. LENGTH OF STAY (In this place) <u>17 years</u>		d. STREET ADDRESS (If rural, give location) <u>512 East Second Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>512 East Second Street</u>			

3. NAME OF DECEASED (Type or Print) <u>William Thurston Cary</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 6-1950</u>		
a. (First)		b. (Middle)		c. (Last)	

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb 9-1860</u>	9. AGE (In years last birthday) <u>90</u>	10. AGE (In years if under 1 year) (Months) (Days) (Hours) (Min.)
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer most of his life (Retired)</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (State or foreign country) <u>Wakenda Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John Hardin Cary</u>	13b. MOTHER'S MARDEN NAME <u>Sara Jane Dewey</u>	14. NAME OF HUSBAND OR WIFE <u>Missie Cary</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give year or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>L. D. Cary</u> ADDRESS <u>5647 N. Wayne Chicago 46 Ill</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis with myocardial Degeneration</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Arteriosclerosis</u>		
	DUE TO (c) <u>Arteriosclerosis diffuse</u>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>L 201</u>			

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>not applicable</u>	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)
	<u>Carroll</u>	<u>Carroll</u> (MISSOURI)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	21f. HOW DID INJURY OCCUR?
<u>None</u>		

22. I hereby certify that I attended the deceased from 12-9-, 1940, to 9-6-, 1950, that I last saw the deceased alive on 9-6-, 1950, and that death occurred at 2:00 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Maehls Harbell M.P.</u>	23b. ADDRESS <u>Norborne Missouri</u>	23c. DATE SIGNED <u>9-8-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-8-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Carrollton Missouri</u>
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DATE RECD BY LOCAL REG. <u>Sept 8-1950</u>	REGISTRAR'S SIGNATURE <u>Eileen Perineston</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John H. Ditch Jr.</u> ADDRESS <u>Norborne Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



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 _____

John G. Smith Jr

Licensed Embalmer No. 4797

P. O. Address Warborne 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 this body is not embalmed, fact should be so stated above.