

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-025571

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 316 Primary Registration District No. _____ Registrar's No. 275 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUL 5 1963	
1. PLACE OF DEATH a. COUNTY <u>St Francois</u> b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bonne Terre</u> Length of stay in 1b _____ c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt # 1</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>St Francois</u> c. CITY OR TOWN <u>Bonne Terre</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>Rt # 1</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Lottie Zell McCarty</u>	
4. DATE OF DEATH Month Day Year <u>June 21, 1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	
8. DATE OF BIRTH <u>Mar 25, 1907</u> = 9. AGE (last birthday) <u>56</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	
11. BIRTHPLACE (City and state or country) <u>St Francois County Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>US</u>	
13a. FATHER'S NAME <u>Noah J Meyer</u>	
13b. MOTHER'S MAIDEN NAME <u>Molly Griffin</u>	
14. NAME OF HUSBAND OR WIFE <u>Howard McCarty</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 Address <u>Shirley Eaton, 306 Perrine Farmington, Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Suspected Sodium Fluoride Poisoning</u> INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ s.m. _____ p.m. _____	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>
20f. CITY, TOWN, OR LOCATION <u>Rt #2, Bonne Terre</u> COUNTY <u>St Francois</u> STATE <u>Mo.</u>	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at <u>About 11:00 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>Ted Boyer, Coroner</u>	
22b. ADDRESS <u>Bonne Terre, Mo.</u>	
22c. DATE SIGNED <u>7-1-1963</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Jun 25, 1963</u>
23c. NAME OF CEMETERY OR CREMATORY <u>Hillview Mem Gardens</u>	
23d. LOCATION (City, town, or county) <u>Farmington, Mo.</u>	
24. FUNERAL DIRECTOR, ADDRESS <u>C.Z. Boyer & Son Bonne Terre, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>July 1, 1963</u>
26. REGISTRAR'S SIGNATURE <u>Ether Redloff</u>	

DATE AMENDED
INSTEAD OF
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
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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 Burlin T. Boyer, Jr.

Licensed Embalmer No. 5117

P. O. Address Bonne Terre, 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.