

FILED APR 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11676

State File No. _____

Registrar's No. 13

BIRTH NO. _____		REG. DIST. NO. <u>44</u>		PRIMARY REG. DIST. NO. <u>5755</u>		State File No. _____		Registrar's No. <u>13</u>	
1. PLACE OF DEATH a. COUNTY <u>Caldwell</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Caldwell</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-New York Twp.</u>		c. LENGTH OF STAY (In this place) <u>1 yr.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-New York Twp.</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>North of Cowgill Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>North of Cowgill Mo.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>BUETT</u> c. (Last) <u>MCCARTNEY</u>			4. DATE OF DEATH <u>3/10/1949</u>						
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>1/16/1868</u>		9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>20</u>	IF UNDER 48 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Produce</u>		11. BIRTHPLACE (State or foreign country) <u>IOWA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>George W. McCartney</u>			13b. MOTHER'S MAIDEN NAME <u>Rebecca Stubblefield</u>			14. NAME OF HUSBAND OR WIFE <u>Minnie Jane McCartney</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mendo Gurnutt-Cowgill</u>		ADDRESS <u>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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis many years</u> DUE TO (c) <u>Diabetes Mellitus many years</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>a lot</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>	
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) _____					
21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____ m.		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>Mar. 21, 1948</u> , to <u>Mar. 10, 1949</u> , that I last saw the deceased alive on <u>Mar. 10, 1949</u> , and that death occurred at <u>11:20 P. M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>E. Goldberg M.D.</u> (Degree or title)				23b. ADDRESS <u>Braymer, Mo.</u>			23c. DATE SIGNED <u>3/18/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>3/13/1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Evergreen</u>		24d. LOCATION (City, town, or county) (State) <u>Braymer, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>4-15-49</u>		REGISTRAR'S SIGNATURE <u>Mrs. Nell B. Jones</u> <u>373</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Gene C. Michael</u> ADDRESS <u>Braymer, Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

1300

No. 300
10. 48

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.~~

Signed _____

Gene C. Michael

Signed _____

Student Embalmer

Licensed Embalmer No. _____

4340

P. O. Address _____

Braymer, 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.