

FILED NOV 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32875**

BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **329**

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| 1. PLACE OF DEATH a. COUNTY Cape Girardeau | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cape Girardeau | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau 8114 | |
| c. LENGTH OF STAY (in this place) 6 days | | d. STREET ADDRESS (If rural, give location) 547 Alta Vista Drive | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION H & H Nursing Home | | | |

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|------------------------------------------------------------------------------------------------------------------------|----------------------------------|--------------------------------------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------------------------|---------------------------------------------------|
| 3. NAME OF DECEASED (Type or Print) WILLIAM G. McCARNEY | | | 4. DATE OF DEATH (Month) (Day) (Year) October 26, 1950 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH March 1, 1869 | 9. AGE (In years last birthday) 81 | IF UNDER 1 YEAR Months 7 Days 25 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Accountant, ret. | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) Dwight, Illinois | |
| | | | | 12. CITIZEN OF WHAT COUNTRY? U. S. | |

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| 13a. FATHER'S NAME Charles McCarney | 13b. MOTHER'S MAIDEN NAME Anna Doran | 14. NAME OF HUSBAND OR WIFE Francis S. McCarney |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. No | 17. INFORMANT'S SIGNATURE OR NAME Mrs. H. B. Newman | ADDRESS Cape Girardeau, Mo. |
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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) Bronchopneumonia | | INTERVAL BETWEEN ONSET AND DEATH |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 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) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
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| 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 **8/24, 1950**, to **10/26, 1950**, that I last saw the deceased alive on **10/26, 1950**, and that death occurred at **2 P. m.**, from the causes and on the date stated above.

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|----------------------------------------------|-------------------|--------------------------------------------|-------------------------------------|
| 23a. SIGNATURE J. H. Steiner, M.D. | (Degree or title) | 23b. ADDRESS Cape Girardeau, Mo. | 23c. DATE SIGNED 10/27/50 |
|----------------------------------------------|-------------------|--------------------------------------------|-------------------------------------|

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|------------------------------------------------------------|-----------------------------------|-----------------------------------------------------------------|----------------------------------------------------------------------------------|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Oct. 28, 1950 | 24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem. | 24d. LOCATION (City, town, or county) (State) Cape Girardeau, Missouri |
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|-----------------------------------------------|-----------------------------------------------|-----------------------------------------------------------------|-----------------------------|
| DATE REC'D BY LOCAL REG. 10-27-1950 | REGISTRAR'S SIGNATURE C. C. Summers | 25. FUNERAL DIRECTOR'S SIGNATURE Walters Funeral Home | ADDRESS Cape Gir. |
|-----------------------------------------------|-----------------------------------------------|-----------------------------------------------------------------|-----------------------------|

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

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Mo.

EMBALMER
1947

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 William Lee Towne

Licensed Embalmer No. 7410

P. O. Address Cape Girardeau

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.