

FILED APR 29 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **12658**

BIRTH NO. _____		REG. DIST. NO. <b>200</b>		PRIMARY REG. DIST. NO. <b>5728</b>		Registrar's No. <b>210</b>	
1. PLACE OF DEATH a. COUNTY <b>Macon county</b>				2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Macon</b>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Anabel, Mo. Rural</b> )		c. LENGTH OF STAY (If in place) <b>60 yrs.</b>		c. CITY OR TOWN <b>Anabel, Mo.</b>		d. Is Residence within limits of a city or incorporated town? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>None</b>				e. STREET ADDRESS (If rural, give location) <b>3 miles South, Anabel, Mo.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>IDA</b> b. (Middle) _____ c. (Last) <b>MCCARTNEY</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>4-17-1954</b>				
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>1-20-1873</b>		9. AGE (In years last birthday) <b>81</b>	if UNDER 1 YEAR Months <b>2</b>	if UNDER 24 HRS. Hours Min. <b>27</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Household</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Same</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Iowa</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Thomas Lane</b>			13b. MOTHER'S MAIDEN NAME <b>Mary Zimmerman</b>		14. NAME OF HUSBAND OR WIFE <b>Deceased</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>X</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Sam Burns, Anabele, Mo.</b>				
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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Thrombosis</b> INTERVAL BETWEEN ONSET AND DEATH <b>14 hrs.</b> ANTECEDENT CAUSES DUE TO (b) <b>Cerebral Embolism</b> <b>2 years</b> DUE TO (c) <b>Varicose ulcers</b> <b>10 years</b> 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)			
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 <b>aug 1850</b> , to <b>April 17, 1954</b> , that I last saw the deceased alive on <b>April 16, 1954</b> , and that death occurred at <b>8:00 a.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Name or title) <b>B. E. Edrington D.O.</b>				23b. ADDRESS <b>Clarence, Mo.</b>		23c. DATE SIGNED <b>4/19/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4-19-1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Maplewood Cmty.</b>		24d. LOCATION (City, town, or county) (State) <b>Clarence Mo.</b>		
DATE REC'D BY LOCAL REG. <b>4/21/54</b>		REGISTRAR'S SIGNATURE <b>Duth McNeely</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Barkeley-Hawkins, Shelbyna, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 4.26.54  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 4.54.72

Date Filed 4.28.54  
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 ..... *W. H. Hawkins*

Licensed Embalmer No. 349

P. O. Address *Sheets*

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.