

No. 300
10.48

FILED AUG 31 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29492

State File No.

BIRTH NO. _____ REG. DIST. NO. 325 PRIMARY REG. DIST. NO. 6099 Registrar's No. 80

1. PLACE OF DEATH a. COUNTY <u>Schuylar</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Schuylar</u>	
b. CITY OR TOWN <u>Rural - Paine</u> c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>Queen City</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>0980</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		e. STREET ADDRESS (If rural, give location) <u>5 miles west of 2 city</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>DOLA</u> b. (Middle) <u>DAVID</u> c. (Last) <u>M' CARTNEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8</u> <u>18</u> <u>54</u>		
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>8-12-1896</u>		9. AGE (In years last birthday) <u>58</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	
10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Shelburn Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	

13a. FATHER'S NAME <u>Jim M'Cartney</u>		13b. MOTHER'S MAIDEN NAME <u>Eva Miller</u>		14. NAME OF HUSBAND OR WIFE <u>Sue B. M'Cartney</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or date of service)		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>SUE B. M' CARTNEY QUEENCITY, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral tumor</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION <u>March 1954</u>		19b. MAJOR FINDINGS OF OPERATION <u>Grade IV Malignancy of cerebrum</u>		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 July 30, 1954, to August 18, 1954, that I last saw the deceased alive on Aug. 18, 1954, and that death occurred at 8:22 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. Stotes</u> (Degree or title) <u>2 DO.</u>		23b. ADDRESS <u>Tanconter, Missouri</u>		23c. DATE SIGNED <u>Aug. 20, 1954</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-21-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bethel Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Shelburn MO</u>	

DATE REC'D BY LOCAL REG. <u>8-21-54</u>		REGISTRAR'S SIGNATURE <u>Carroll A. P. Drake</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wick & Sorby Queen City MO</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

DEC 5 1962

VS BEG 27 1962

VS DEC 27 1962

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 *Jack J. Dooly*.....
Licensed Embalmer No. 461

P. O. Address *Queen City*

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.