

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35640**

FILED OCT 27 1955

BIRTH NO. _____ REG. DIST. NO. **224** PRIMARY REG. DIST. NO. **6099** Registrar's No. **29**

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|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY St. Charles | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Iowa b. COUNTY _____ | |
| b. CITY OR TOWN Rural Fair Township | | c. LENGTH OF STAY (in this place) 7 days | |
| c. CITY OR TOWN Sumner Ia. | | d. STREET ADDRESS (If rural, give location) _____ | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION _____ | | e. FULL NAME OF HOSPITAL OR INSTITUTION _____ | |

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|--|--|--|-------------------------------|--|--|---|--|--|---|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or Print) MARVIN | | | a. (First) | | | b. (Middle) | | | c. (Last) MCCARTNEY | | | 4. DATE OF DEATH (Month) (Day) (Year) Oct 16 55 | | |
| 5. SEX Male | | | 6. COLOR OR RACE White | | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | | | 8. DATE OF BIRTH Oct 17-18 85 69 | | | 9. AGE (In years last birthday) 69 | | |

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | | 11. BIRTHPLACE (City and State or Foreign Country) Tracyville Mo. | | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | |
| 13a. FATHER'S NAME David McCartney | | | 13b. MOTHER'S MAIDEN NAME Ellen Lucas | | | 14. NAME OF HUSBAND OR WIFE Lorena McCartney | | | | | |

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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. _____ | | | 17. INFORMANT'S SIGNATURE OR NAME Marvin McCartney | | | ADDRESS Rock Island Ill | | |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| <p>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</p> | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Attack | | | | | | | | |
| | | ANTECEDENT CAUSES | | | | | | | | |
| | | <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) Coronary thrombosis</p> <p>DUE TO (c) _____</p> | | | | | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS | | | | | | | | |
| | | <p>Conditions contributing to the death but not related to the disease or condition causing death.</p> <p style="text-align: right;">4201</p> | | | | | | | | |

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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) _____ | |
| 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

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|--|--|--|----------------------------------|--|--|----------------------------------|--|--|
| 23a. SIGNATURE D O Kirtan Coronel | | | 23b. ADDRESS Joneston Mo. | | | 23c. DATE SIGNED 10/16/55 | | |
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|---|--|----------------------------|--|---|--|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Oct 19-55 | | 24c. NAME OF CEMETERY OR CREMATORY Bethel Cemetery | | 24d. LOCATION (City, town, or county) (State) Joneston Mo. | |
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| DATE REC'D BY LOCAL REG. 10. 19. 55 | | REGISTRAR'S SIGNATURE John R. Drake | | 25. FUNERAL DIRECTOR'S SIGNATURE John R. Drake | | ADDRESS St. Louis Mo. | |
|--|--|--|--|---|--|------------------------------|--|

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

0950

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

James S. Dooly

Licensed Embalmer No.

4619

P. O. Address

Queen City, 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.