

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42459**

FILED JAN 7 1954

0320

BIRTH NO. _____ REG. DIST. NO. 99 PRIMARY REG. DIST. NO. 4467 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY DeKalb		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY DeKalb	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Amity		c. LENGTH OF STAY (In this place) Life	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Amity		d. STREET ADDRESS (If rural, give location) 0320	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) ULYSSES	b. (Middle) LIPSCOMB	c. (Last) MCCARTNEY	4. DATE OF DEATH (Month) (Day) (Year) Dec. 18 1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 1 1868	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
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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 (State or foreign country) DeKalb County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME James S. McCartney	13b. MOTHER'S MAIDEN NAME Mary C. Brown	14. NAME OF HUSBAND OR WIFE Mary 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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Mary McCartney Amity Missouri
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Oct. 1947
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: Cancer prostate		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) ✓ DUE TO (c) ✓		
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 Cancer prostate	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 177X
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <input checked="" type="checkbox"/>
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22. I hereby certify that I attended the deceased from **Oct. 1 1947** to **Dec 18 1953**, that I last saw the deceased alive on **Dec. 18 1953**, and that death occurred at **12:45 m.** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Stanley Davidson M.D.	23b. ADDRESS Maysville Missouri	23c. DATE SIGNED 12/19-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/20-53	24c. NAME OF CEMETERY OR CREMATORY Amity	24d. LOCATION (City, town, or county) (State) Amity Missouri
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DATE REC'D BY LOCAL REG. 1-8-54	REGISTRAR'S SIGNATURE Stanley Davidson 82	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS PILCHER FUNERAL HOME MAYSVILLE MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____



C.T. Filcher

Licensed Embalmer No. 3960

P. O. Address Maysville 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.