

FILED DEC 20 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

41927

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>453</u>	
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>			c. LENGTH OF STAY (in this place) <u>36 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>			<u>0804</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>520 Wilkerson</u>				d. STREET ADDRESS (If rural, give location) <u>520 Wilkerson</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u>		b. (Middle) <u>BARTHOLEMEW</u>		c. (Last) <u>MULCAHEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 13, 1954</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>July 7, 1870</u>		9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months   Days	IF UNDER 1 Mtn. Hours   Mtn.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired switchman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroads</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Arthur Mulcahey</u>			13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Cora Alice Bettis</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give date of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Charles Mulcahey, 520 Wilkerson Sedalia, 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>Bronchial Pneumonia</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Congestive Heart Failure</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Exfoliative Stomatitis</u> <u>Cardio-renal-Vascular disease</u>					INTERVAL BETWEEN ONSET AND DEATH <u>8 da</u>          <u>6 weeks</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION          <u>4341</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) (M.)		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 <u>Nov 30, 1954</u> , to <u>Dec 13, 1954</u> , that I last saw the deceased alive on <u>Dec 13, 1954</u> , and that death occurred at <u>5:50 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>A. D. Walter</u>			(Degree or title) <u>MD</u>		23b. ADDRESS <u>Sedalia Mo</u>		23c. DATE SIGNED <u>12-14-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/15/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Sedalia, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>12-14-54</u>		REGISTRAR'S SIGNATURE <u>Lorna Evans Depts</u>		FEDERAL DIRECTOR'S SIGNATURE <u>Wm. H. ...</u>		ADDRESS <u>Sedalia, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Walter

1955

**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

*R. E. Baker*

Licensed Embalmer No.

*2419*

P. O. Address

*Sedalia*

**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.