

FILED JAN 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

556

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5220 Registrar's No. 3

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

1. PLACE OF DEATH a. COUNTY <u>Cass.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cass.</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural, Coldwater Twp.</u>)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Coldwater Twp.</u>	
c. LENGTH OF STAY (In this place) <u>68 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>2 Mi. North, Drexel, Mo.</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>at farm home 2 miles north of Drexel, Mo.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>HARDY</u> c. (Last) <u>McDONALD</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan, 9th, 1949</u>
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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>Aug. 22, 1873</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>17</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>General Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Clyde, Illinois.</u>	12. CITIZEN OF WHAT COUNTRY? <u>America</u>
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13a. FATHER'S NAME <u>Essex McDonald</u>	13b. MOTHER'S MAIDEN NAME <u>LaVina Blevins.</u>	14. NAME OF HUSBAND OR WIFE <u>LaVina Cox McDonald.</u>
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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) <u>No.</u>	16. SOCIAL SECURITY NO. <u>None.</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. LaVina McDonald, Drexel, Mo.</u>
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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 <u>4 - 5 yr</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Arterio Sclerosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u> 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 _____	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Natural.</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 12/20, 1948, to Jan, 9, 1949, that I last saw the deceased alive on Jan, 8th, 1949, and that death occurred at 4:30 A., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Basel Martorell M.D.</u>	23b. ADDRESS <u>Drexel, Missouri.</u>	23c. DATE SIGNED <u>1/10/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 17, 1949.</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sharon Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Drexel Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Jan 10 - 49</u>	REGISTRAR'S SIGNATURE <u>Raura J. Jones</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Drexel, Mo.</u>
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STATEMENT BY LICENSED EMBALMER

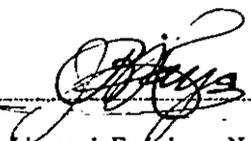
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

~~XXXXXXXXXXXX~~

working under my ~~PERSONAL SUPERVISION~~

Student
Student Embalmer

Signed _____


Licensed Embalmer No. _____ 1950

P. O. Address Drexel, 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.