

FILED MAY 31 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14930

| | | | | | | | | |
|--|--|--|--|---|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>42</u> | | PRIMARY REG. DIST. NO. <u>1000</u> | | Registrar's No. <u>585</u> | | |
| 1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Clinton</u> | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> | | c. LENGTH OF STAY (In this place) <u>3 hrs.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lower Mo.</u> | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Methodist Hospital</u> | | | | d. STREET ADDRESS (If rural, give location) | | | | |
| 3. NAME OF DECEASED (Type or Print) <u>ROBERT ERVEN Mc DONALD</u> | | | a. (First) <u>ROBERT</u> b. (Middle) <u>ERVEN</u> c. (Last) <u>Mc DONALD</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 23 1949</u> | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> | | 8. DATE OF BIRTH <u>Jan. 4 - 1946</u> | | |
| 9. AGE (In years last birthday) <u>3</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>None</u> | | 11. BIRTHPLACE (State or foreign country) <u>Lower Mo.</u> | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>None</u> | | 11. BIRTHPLACE (State or foreign country) <u>Lower Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | |
| 13a. FATHER'S NAME <u>Erven B. Mc Donald</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Geraldine Smith</u> | | | 14. NAME OF HUSBAND OR WIFE <u>None</u> | | |
| 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>Erven B. Mc Donald Lower 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>accidental poisoning</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) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>58770</u> <u>14</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/> <u>accident</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) <u>E.T. Smith Farm</u> | | 21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) (STATE) <u>Lafayette Twsp. Clinton Co., Mo.</u> | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 23, 1949 5:50 PM</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>taking cold capsule with atrophine or belladonna</u> <u>25</u> | | | | |
| 22. I hereby certify that I attended the deceased from <u>5-23</u> , 19 <u>49</u> , to <u>5-23</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>5-23</u> , 19 <u>49</u> , and that death occurred at <u>9:15 P.m.</u> , from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>John C. Steinkamp</u> | | | | 23b. ADDRESS <u>Lower Mo.</u> | | 23c. DATE SIGNED <u>5-24-49</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>5/25/49</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Allen Cem.</u> | | 24d. LOCATION (City, town, or county) (State) <u>Lower Mo.</u> | | |
| DATE REC'D BY LOCAL REG. <u>May 25, 1949</u> | | REGISTRAR'S SIGNATURE <u>E. G. Jenkins</u> | | 382 25. FUNERAL DIRECTOR'S SIGNATURE <u>John H. Murray</u> | | ADDRESS <u>Lower Mo.</u> | | |

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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 Me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed John H. Murray

Licensed Embalmer No. 2893

P. O. Address Lower, 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.