No. 300
10.48

105
1
0

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

FILED DEC 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39939

BIRTH NO. _____ REG. DIST. NO. 381 PRIMARY REG. DIST. NO. 45-15 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY: Sullivan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Milan
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Mo
b. COUNTY: Sullivan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Milan
d. STREET ADDRESS (If rural, give location): 1 0 0

3. NAME OF DECEASED (Type or Print)
a. (First): Cora
b. (Middle): Belle
c. (Last): McDonald

4. DATE OF DEATH (Month) 11 (Day) 30 (Year) 1949

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 10-11-1879
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months 1 Days 19 — IF UNDER 24 HRS.: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Putman Co Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Joe Daugherty
13b. MOTHER'S MAIDEN NAME: Phoebe Hulbert
14. NAME OF HUSBAND OR WIFE: W.T. McDonald
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Chas. McDonald — ADDRESS: Milan Mo

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) chronic nephritis — 3 yrs.

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

4 mo

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 1946, to 11-30, 1949, that I last saw the deceased alive on 11-29, 1949, and that death occurred at 6 30 m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E W Simpson MD
23b. ADDRESS: Milan
23c. DATE SIGNED: 12-1-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/2/49
24c. NAME OF CEMETERY OR CREMATORY: Deeds Cem
24d. LOCATION (City, town, or county) (State): Pollock Mo

DATE REC'D BY LOCAL REG.: Dec. 2-1949
REGISTRAR'S SIGNATURE: Mrs H. B. Harris 320
25. FUNERAL DIRECTOR'S SIGNATURE: Schoene Dwight Schoene — **ADDRESS:** Milan

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DEC 5 1949
District Health Officer No. 1
District File Number 12-49-20
Date Filed DEC 5 1949

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 Dwight Schoene

Licensed Embalmer No. 2667

P. O. Address Milan - 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.