

FILED JAN 14 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41737

State File No. ....

|                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                           |  |                                                                                     |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------|--|
| BIRTH NO. ....                                                                                                                                                                                                                                         |  | REG. DIST. NO. <u>209</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | PRIMARY REG. DIST. NO. <u>3043</u>                                                                                                        |  | Registrar's No. <u>459</u>                                                          |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Merion</u>                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Merion</u> |  |                                                                                     |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>Hannibal</u>                                                                                                                                                                |  | c. LENGTH OF STAY (In this place)<br><u>1</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>Hannibal</u>                                                   |  | 3. <u>3</u>                                                                         |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)<br><u>ST. Elizabeth Hospital</u>                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | d. STREET ADDRESS (If rural, give location)<br><u>1500 East Border</u>                                                                    |  |                                                                                     |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>Etolie</u> b. (Middle) <u>-</u> c. (Last) <u>McDonald</u>                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Dec. 23, 1949</u>                                                                             |  |                                                                                     |  |
| 5. SEX<br><u>Female</u>                                                                                                                                                                                                                                |  | 6. COLOR OR RACE<br><u>Colored</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 7. MARRIED-NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>1</u>                                                                         |  | 8. DATE OF BIRTH<br><u>June 16, 1933</u>                                            |  |
| 9. AGE (In years last birthday)<br><u>16</u>                                                                                                                                                                                                           |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Laundry</u>                                                                                                                                                                                                                                                                                                                                                                                                     |  | 11. BIRTHPLACE (State or foreign country)<br><u>Louisiana MO</u>                                                                          |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u>                                          |  |
| 13a. FATHER'S NAME<br><u>Raymond McDonald</u>                                                                                                                                                                                                          |  | 13b. MOTHER'S MAIDEN NAME<br><u>Nancy Lovelorn</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 14. NAME OF HUSBAND OR WIFE                                                                                                               |  |                                                                                     |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates elsewhere)                                                                                                                                                |  | 16. SOCIAL SECURITY NO.<br><u>MO</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Raymond McDonald</u>                                                                              |  |                                                                                     |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.                          |  | 19. MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolism</u><br>ANTECEDENT CAUSES<br>Mortid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Thrombo phlebitis, pelvis</u><br>DUE TO (c) <u>Infected mis carriage</u><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>Premature rupture of membranes</u> |  |                                                                                                                                           |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>1520</u>                                     |  |
| 19a. DATE OF OPERATION<br><u>no</u>                                                                                                                                                                                                                    |  | 19b. MAJOR FINDINGS OF OPERATION<br><u>no</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                           |  | 20. AUTOPSY?<br>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)                                                                                                                                                                                                        |  | 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>12-22, 1949</u> to <u>12-23, 1949</u> , that I last saw the deceased alive on <u>12-22, 1949</u> and that death occurred at <u>6:00 a.m.</u> , from the causes and on the date stated above. |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                           |  |                                                                                     |  |
| 23a. SIGNATURE<br><u>Dr. E. M. Lucke</u>                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 23b. ADDRESS<br><u>Hannibal MO</u>                                                                                                        |  | 23c. DATE SIGNED<br><u>12-31-49</u>                                                 |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>                                                                                                                                                                                             |  | 24b. DATE<br><u>12-26-49</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Riverside Cemetery</u>                                                                           |  | 24d. LOCATION (City, town, or county) (State)<br><u>Louisiana Pike MO</u>           |  |
| DATE REC'D BY LOCAL REG.<br><u>1-3-50</u>                                                                                                                                                                                                              |  | REGISTRAR'S SIGNATURE<br><u>Dr. E. M. Lucke</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | FUNERAL DIRECTOR'S SIGNATURE<br><u>James O'Donnell</u>                                                                                    |  |                                                                                     |  |
|                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | ADDRESS<br><u>Hannibal MO</u>                                                                                                             |  |                                                                                     |  |

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JAN 10 1950  
MARION CO. HEALTH DEPT.  
DATE FILED JAN 12 1950

---

---

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

*Michael J. O'Donnell*

Licensed Embalmer No. 3246

P. O. Address

*Hannibal 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.