S. No. 300
v. 10-48

FILED JAN 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43540

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 6242 Registrar's No. 57

110

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

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackwell, Kingston
c. LENGTH OF STAY (In this place): 70
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Blackwell, Star route

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackwell, Rural, Kingston
d. STREET ADDRESS (If rural, give location): Blackwell, Star route

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): Sylvester
c. (Last): Donald

4. DATE OF DEATH (Month) (Day) (Year): 12-25-'49

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): V
8. DATE OF BIRTH: 8-31-1875
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months 3, Days 24 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (State or foreign country): De Soto, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: William Donald
13b. MOTHER'S MAIDEN NAME: Cassie Pinson
14. NAME OF HUSBAND OR WIFE: Sophia Donald

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Miss Ruth Cole — ADDRESS: Blackwell, 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): Nephro-sclerosis — INTERVAL BETWEEN ONSET AND DEATH: yrs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Mitral Stenosis — yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: 410X

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* Dec, 1946, *to* 25 Dec, 1949, *that I last saw the deceased alive on* 24 Dec, 1949 *and that death occurred at* 11:50 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Karl V. McKinstry M.D.
23b. ADDRESS: De Soto, Mo.
23c. DATE SIGNED: 26 Dec 49

24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE: 12-27-'49
24c. NAME OF CEMETERY OR CREMATORY: Masonic
24d. LOCATION (City, town, or county) (State): Blackwell, Mo.

DATE REC'D BY LOCAL REG.: 12/27/49
REGISTRAR'S SIGNATURE: Helen Kendall
25. FUNERAL DIRECTOR'S SIGNATURE: J. Lee Mothershead — ADDRESS: De Soto, Mo.

(Licensed Embalmer's Statement on Reverse Side)

ED 1-3-50

Certificate No. 4

150-10

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 Andrew H England

Licensed Embalmer No. 4745

P. O. Address Vienna, 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.