

FILED MAR 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7831

State File No.

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 202 Registrar's No. 126

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Butler	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff		c. LENGTH OF STAY (In this place) c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff	
d. FULL NAME OF HOSPITAL OR INSTITUTION South Poplar Bluff		d. STREET ADDRESS (If rural, give location) South Poplar Bluff	
3. NAME OF DECEASED (Type or Print) a. (First) NELSON b. (Middle) c. (Last) McDONALD			4. DATE OF DEATH (Month) (Day) (Year) 3/13/50
5. SEX U Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 7/22/1861
9. AGE (In years less birthday) 88		IF UNDER 1 YEAR Months 7 Days 21	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Fort Wayne, Ind.
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME David McDonald	
13b. MOTHER'S MAIDEN NAME Sarah Hoffmeier		14. NAME OF HUSBAND OR WIFE Emma	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Virginia McDonald...		ADDRESS Poplar Bluff	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage 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. General debility	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>Mar. 10, 1950</u> , to <u>Mar. 13, 1950</u> , that I last saw the deceased alive on <u>Mar. 13, 1950</u> , and that death occurred at <u>3:30 P.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE F. F. Priest D.O.		23b. ADDRESS Poplar Bluff	
23c. DATE SIGNED 3-16-50		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 3/14/50		24c. NAME OF CEMETERY OR CREMATORY Woodlawn Public	
24d. LOCATION (City, town, or county) (State) Poplar Bluff, M.		DATE REC'D BY LOCAL REG. March 18, 1950	
REGISTRAR'S SIGNATURE Wm. H. Johnson		25. FUNERAL DIRECTOR'S SIGNATURE FRANK-COTRELL	
ADDRESS Poplar Bluff, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

Dr. F. F. Priest

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

BUTLER COUNTY HEALTH CENTER
POPLAR BLUFF, MISSOURI

350-136

MAR 20 1958

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 George A. Welch

Licensed Embalmer No. 4752

P. O. Address Poplar Bluff, 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.