

FILED MAY 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15614

State File No.

BIRTH NO. _____ REG. DIST. NO. 347 PRIMARY REG. DIST. NO. 6155 Registrar's No. 27

1040

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

1. PLACE OF DEATH a. COUNTY <u>Stone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE: <u>Missouri</u> b. COUNTY: <u>Stone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Alpine</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Alpine</u>	
c. LENGTH OF STAY (If this place) <u>1040</u>		d. STREET ADDRESS (If rural, give location) <u>Halena Mo R-3</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED a. (First) <u>Jederson</u> b. (Middle) <u>Franklin</u> c. (Last) <u>McDonnell</u>			4. DATE OF DEATH (Month) <u>April</u> (Day) <u>17</u> (Year) <u>1950</u>	
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5. SEX <u>male</u>		6. COLOR OR RACE <u>wh</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Dec 3 1903</u>		9. AGE (In years last birthday) <u>46</u> - <u>47</u> - <u>48</u>		10. IF UNDER 1 YEAR: Months _____ Days _____		11. IF UNDER 15 HRS: Hours _____ Mins _____	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Crops</u>		11. BIRTHPLACE (State or foreign country) <u>Stone Co Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S</u>	
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13a. FATHER'S NAME <u>Phyllis McDonnell</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Carter</u>		14. NAME OF HUSBAND OR WIFE <u>Rosetta McDonnell</u>	
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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>500-10-3101</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Rosetta McDonnell</u>		18. ADDRESS <u>Halena Mo</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Artery</u>						1991	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>1</u>							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from Apr - 1949 to 4-17-50, 1950, that I last saw the deceased alive on Mar 19 1948, and that death occurred at 4:15 PM, from the causes and on the date stated above.

23a. SIGNATURE <u>M. P. [Signature]</u>		(Degree or title)		23b. ADDRESS <u>Beeson Spg, Mo</u>		23c. DATE SIGNED <u>4-19-50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 21-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cape Fair</u>		24d. LOCATION (City, town, or county) (State) <u>Cape Fair Mo</u>	
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DATE REC'D BY LOCAL REG. <u>Apr 19-50</u>		REGISTRAR'S SIGNATURE <u>Lena Murray</u>		317		25. FUNERAL DIRECTOR'S SIGNATURE <u>Everett J. Cheatham</u>		ADDRESS <u>Halena Mo</u>	
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RECEIVED MAY 4 1950

District Health Office No. 6,

District File Number 550-540

Date Filed 5-5-50

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

Everett J. Cheatham

Licensed Embalmer No. 3870

P. O. Address Halena 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.