

FILED AUG 18 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 29179
 31

BIRTH NO. _____ REG. DIST. NO. 381 PRIMARY REG. DIST. NO. 6179 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Sullivan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Sullivan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Pollock</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Pollock</u> <u>1050</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0</u>	
3. NAME OF DECEASED a. (First) <u>Oscar</u> b. (Middle) <u>Orestes</u> c. (Last) <u>McDonald</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7-25-50</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>5-14-1886</u>
9. AGE (In years last birthday) <u>64</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>16</u> IF UNDER 2 HRS. Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Live Stock Dealer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Pollock - Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>US</u>		13a. FATHER'S NAME <u>Noah McDonald</u>	
13b. MOTHER'S MAIDEN NAME <u>Barbara Deeds</u>		14. NAME OF HUSBAND OR WIFE <u>Bertha McDonald</u>	
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>NO</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Bertha McDonald</u> ADDRESS <u>Pollock, Mo.</u>
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary arteriosclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary heart disease for past 6 months</u> DUE TO (c) _____ 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 checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>6 hours</u>	
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 <input type="checkbox"/> 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>July 21, 1950</u> , to <u>July 25, 1950</u> , that I last saw the deceased alive on <u>July 25, 1950</u> , and that death occurred at <u>3:30</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>W. L. Judd Do.</u> (Degree or title)		23b. ADDRESS <u>W. M. McCallister</u>	23c. DATE SIGNED <u>7/26/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/27/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Seabee Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Pollock - Mo.</u> <u>1140</u>
DATE REC'D BY LOCAL REG. <u>Aug 9 - 1950</u>	REGISTRAR'S SIGNATURE <u>Mrs. H. B. Harris</u> <u>320</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Dwight Seaborn</u>	ADDRESS <u>Union Mo.</u>

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

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RECEIVED AUG 14 1958
District Health Officer No.
District File Number 8-50-13
Date Filed AUG 17 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 Dwight Scherer

Licensed Embalmer No. 2667

P. O. Address Urbain - 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.