

FILED OCT 18 1950

STANDARD CERTIFICATE OF DEATH

State File No. **32534**  
 Registrar's No. **177**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002

1. PLACE OF DEATH a. COUNTY <u>Andrew</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mexico</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mexico</u>	
c. LENGTH OF STAY (in this place) <u>50 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>315 Christy St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>315 Christy St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>KATIE</u> b. (Middle) <u>MAE</u> c. (Last) <u>McDONALD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 7 - 1950</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>2-16-1900</u>
9. AGE (In years last birthday) <u>50</u>		9. AGE (In years last birthday) Months Days of UNDER 1 YEAR of UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Cooper</u>		13b. MOTHER'S MAIDEN NAME <u>Sophia Terrell</u>	
14. NAME OF HUSBAND OR WIFE <u>Ethema 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>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Estella Cooper</u> ADDRESS <u>Mexico Mo.</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Emphysema</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>	
ANTECEDENT CAUSES		DUE TO (b) <u>Chronic Myocarditis</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Myocardial Degeneration</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>4222</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? 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>Aug. 8, 1950</u> , to <u>Oct 7, 1950</u> , that I last saw the deceased alive on <u>Oct. 7, 1950</u> , and that death occurred at <u>8:45 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>John A. Owen</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Mexico Mo.</u>	
23c. DATE SIGNED <u>10-11-1950</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-11-1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Lawnwood</u>		24d. LOCATION (City, town, or county) (State) <u>Mexico Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Oct 11-1950</u>		REGISTRAR'S SIGNATURE <u>Blanche Neely</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Stuart Parker</u>		ADDRESS <u>Columbia Mo.</u>	

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

Date Received: OCT 16 1950  
DISTRICT HEALTH OFFICE #2  
District File Number 10-50-17  
Date Filed: OCT 17 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, ~~only~~.....

.....  
working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No.....  
Signed *Stuart Parker*.....

Licensed Embalmer No. *2900*.....

P. O. Address *Columbia 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.