

0804

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 275

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>	
c. LENGTH OF STAY (In this place) <u>43</u>		d. STREET ADDRESS (If rural, give location) <u>206 W. Jefferson</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>206 W. Jefferson</u>		e. STREET ADDRESS (If rural, give location) <u>206 W. Jefferson</u>	
3. NAME OF DECEASED: a. (First) <u>John</u> b. (Middle) <u>Patton</u> c. (Last) <u>McDonnell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-13-1950</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>4-7-1874</u>
9. AGE (In years last birthday) <u>76</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Minister</u>	11. BIRTHPLACE (State or foreign country) <u>Huntsville Alabama</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Jessie McDonnell</u>	
13b. MOTHER'S MAIDEN NAME <u>Clara McDonnell</u>		14. NAME OF HUSBAND OR WIFE <u>Idella McDonnell</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>Idella McDonnell</u>		18. ADDRESS <u>Sedalia 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Myo Carditis - 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>Arteriosclerosis</u> DUE TO (c) <u>Fall on training bus (Trauma)</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4921</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) <u>Sedalia Mo</u>	
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>April</u> , 1950, to <u>Nov 13</u> , 1950, that I last saw the deceased alive on <u>Nov 11</u> , 1950, and that death occurred at <u>5:30 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>J. D. Leguon M.D.</u>		23b. ADDRESS <u>Sedalia Mo</u>	
23c. DATE SIGNED <u>11/15-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	
24b. DATE <u>11-16-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Huntsville Alabama</u>	
24d. LOCATION (City, town, or county) (State) <u>Huntsville Alabama</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. D. Leguon</u>	
25. ADDRESS <u>Sedalia Mo</u>		DATE REC'D BY LOCAL REG. <u>12-4-1950</u>	
REGISTRAR'S SIGNATURE <u>J. D. Leguon</u>		25. ADDRESS <u>Sedalia Mo</u>	

DEC 22 1950

RECEIVED

12/5/50

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 12/5/50

DEC 6 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, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed F. D. Ferguson

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 2172

P. O. Address Sedalia

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.