

FILED JAN 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39703

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 356

1. PLACE OF DEATH a. COUNTY ADAIR			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY SCOTLAND		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) KIRKSVILLE		c. LENGTH OF STAY (in this place) 1 WEEK	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) MEMPHIS		0991
d. FULL NAME OF HOSPITAL OR INSTITUTION KCOH			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) THOMAS b. (Middle) JEFFERSON c. (Last) McDONALD			4. DATE OF DEATH (Month) (Day) (Year) DEC 16 1950		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH MAY 8, 1863	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months
IF UNDER 1 YEAR Days	IF UNDER 14 HRS. Hours	IF UNDER 14 HRS. Min.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) COLUMBUS OHIO			12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME JOHN McDONALD		13b. MOTHER'S MAIDEN NAME NOT KNOWN		14. NAME OF HUSBAND OR WIFE MARY McDONALD	
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. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS John Haen MEMPHIS Mo		
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral anoxemia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Medullary Failure DUE TO (c) Unremed II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Nephritis				INTERVAL BETWEEN ONSET AND DEATH 1 hr 592X
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) (Min.)		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 Dec 10, 1950 , to Dec 16, 1950 , that I last saw the deceased alive on Dec 16, 1950 , and that death occurred at 3:53 Am. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) D. D. Gardner		23b. ADDRESS D.O. Kirkville, Mo		23c. DATE SIGNED 12-17-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 12-18-1950	24c. NAME OF CEMETERY OR CREMATORY MEMPHIS CEMETERY	24d. LOCATION (City, town, or county) (State) MEMPHIS Mo		
DATE REC'D BY LOCAL REG. 12-26-50	REGISTRAR'S SIGNATURE Kate Lambert		25. FUNERAL DIRECTOR'S SIGNATURE D. W. Maynard		ADDRESS MEMPHIS Mo

(Licensed Embalmer's Statement on Reverse Side)

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

00130

NOV 22 1954

Date Received: JAN 9 1951
DISTRICT HEALTH OFFICE #2
District File Number 1-51-6
Date Filed: JAN 10 1951

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 Neal Payne

Licensed Embalmer No. 2550

P. O. Address Memphis 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.