

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23318

State File No.

FILED AUG 7 1951

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 269

485
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give town) Independence		c. CITY (If outside corporate limits, write RURAL and give township) Independence	
c. LENGTH OF STAY (If this place) 19 days		d. STREET ADDRESS (If rural, give location) 601 N. Main	
d. FULL NAME OF HOSPITAL OR INSTITUTION Sanitarium			

3. NAME OF DECEASED (Type or Print) a. (First) John	b. (Middle) G	c. (Last) McDonald	4. DATE OF DEATH (Month) (Day) (Year) July 18, 1951
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 28, 1884	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Collector	10b. KIND OF BUSINESS OR INDUSTRY City of Indep. Mo.	11. BIRTHPLACE (State or foreign country) Griswold, Iowa	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John M. McDonald	13b. MOTHER'S MAIDEN NAME Helen Garrett	14. NAME OF HUSBAND OR WIFE Josephine M. McDonald
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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) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Josephine M. McDonald, Independence, Mo.	ADDRESS Independence, Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis		
	DUE TO (c) Diabetes Mellitus		
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 none	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) no	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 332X
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none	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 May, 1950, to July 18, 1951, that I last saw the deceased alive on July 17, 1951, and that death occurred at 1:10 A.M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature]	23b. ADDRESS [Address]	23c. DATE SIGNED 7-19-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE July 20, 1951	24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cem.	24d. LOCATION (City, town, or county) (State) Independence, Mo.
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DATE REC'D BY LOCAL REG. 7-19-51	REGISTRAR'S SIGNATURE [Signature]	374 FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Independence, Mo.
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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.....

Licensed Embalmer No.....

P. O. Address.....

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.