

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **26509**  
 Registrar's No. **6556**

**FILED SEP 7 1951**

BIRTH NO. _____		REG. DIST. NO. <u>100</u>		PRIMARY REG. DIST. NO. <u>3018</u>		Registrar's No. <u>6556</u>	
1. PLACE OF DEATH a. COUNTY <b>Dent</b> <u>0331</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Dent</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Salem, Mo.</b>		c. LENGTH OF STAY (In this place) <b>Life</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Salem, Mo.</b> <u>0331</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>North Salem, Mo.</b>				d. STREET ADDRESS (If rural, give location) <b>Salem, Mo.</b> <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Louis</b> b. (Middle) <b>Franklin</b> c. (Last) <b>McDonald</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>August 24, 1951</b>				
5. SEX <b>M</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Oct. 18, 1881</b>	
9. AGE (In years last birthday) <b>69</b>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HRS. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Salem, Mo</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>							
13a. FATHER'S NAME <b>Harvey McDonald</b>			13b. MOTHER'S MAIDEN NAME <b>Sarah E. Blackwell</b>		14. NAME OF HUSBAND OR WIFE <b>Arzetta McDonald</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>494 22 2104</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Arzetta McDonald, Salem, Mo.</b> ADDRESS			
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) <b>Coronary occlusion</b> ANTECEDENT CAUSES <b>Coronary Heart Disease</b> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Cirrhosis of Liver</b>					INTERVAL BETWEEN ONSET AND DEATH <b>4 1/2 days</b> <b>unknown</b> <b>unknown</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>none</b>				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 <b>July 20, 1951</b> , to <b>Aug 23, 1951</b> , that I last saw the deceased alive on <b>Aug 23, 1951</b> and that death occurred at <b>1:50 a.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>L. H. Hunt M.D.</b> (Degree or title)				23b. ADDRESS <b>Salem, Mo.</b>		23c. DATE SIGNED <b>8/25/51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Aug 26, 51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Cedar Grove Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Salem, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>8-30-51</b>		REGISTRAR'S SIGNATURE <b>M. M. Hunt M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>L. H. Hunt</b> ADDRESS <b>Salem, Mo.</b>			

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

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

RECEIVED  
SEP 4 - 1951

SEP 11 1951

SEP 13 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 Marshall C. Blackwell

Licensed Embalmer No. 4713

P. O. Address Salem, 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.