

LEO OCT 29 1951

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. ....

32662

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>1074</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Holt</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (In this place) <u>13 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Liberty Twp. 0440</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Methodist Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>Near Mound City</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jesse</u>			b. (Middle) _____		c. (Last) <u>McDonald</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 19, 1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 8, 1889</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</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>David F. McDonald</u>			13b. MOTHER'S MAIDEN NAME <u>Ella White</u>		14. NAME OF HUSBAND OR WIFE <u>Florence McDonald</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>486-30-1163</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Florence McDonald</u> ADDRESS <u>Mound City, 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>	<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Encephalitis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Extraction of Buried Roots Sept 3-19 molar?</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 1/2 wks</u> <u>2</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>Sept 25, 1951</u> , to <u>Oct 19, 1951</u> , that I last saw the deceased alive on <u>Oct 19, 1951</u> , and that death occurred at <u>11:25 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>T.R. Howden</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>620 Tenth St.</u>		23c. DATE SIGNED <u>10-20-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-22-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mount Hope Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Mound City, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>Oct. 22, 1951</u>	REGISTRAR'S SIGNATURE <u>Carl C. Castle</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Jama H. Cloughes</u>		ADDRESS <u>Mound City, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 23 1953

**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

*James H. Crawford*

Licensed Embalmer No. 4796

P. O. Address Mound City, 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.