

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 155

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4098

2190

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

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cass	
b. CITY (If outside corporate limits, write RURAL and give township) Belton		c. CITY (If outside corporate limits, write RURAL and give township) Belton	
c. LENGTH OF STAY (In this place) 65 yrs		d. STREET ADDRESS (If rural, give location) 5th Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 5th Street			

3. NAME OF DECEASED (Type or Print) a. (First) Lewis		b. (Middle) I.		c. (Last) McDonald		4. DATE OF DEATH (Month) (Day) (Year) Dec. 13, 1951		
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5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Mar. 7, 1866		9. AGE (In years last birthday) 85		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 HRS. Hours _____ Min. _____	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY own farm			11. BIRTHPLACE (State or foreign country) Marion, Ill. /			12. CITIZEN OF WHAT COUNTRY? USA		
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13a. FATHER'S NAME Isaac McDonald			13b. MOTHER'S MAIDEN NAME: Lucy A. Lowry			14. NAME OF HUSBAND OR WIFE Lucy 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 ADDRESS Mrs. Earl Groh, RFD, Peculiar, Mo.			
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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) Coronary Thrombosis						INTERVAL BETWEEN ONSET AND DEATH 30 min	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis						10-12 yrs.	
		DUE TO (c) _____							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility Mental Retardation							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4-201						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)			
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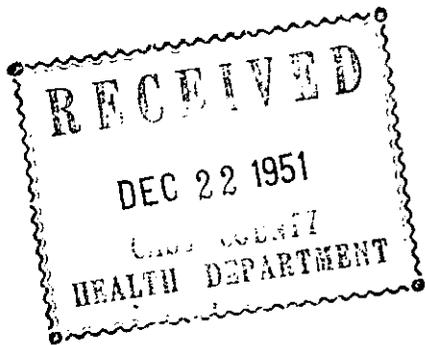
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
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22. I hereby certify that I attended the deceased from **Nov 15, 1951**, to **Dec 13, 1951**, that I last saw the deceased alive on **Dec 12, 1951**, and that death occurred at **4:50 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) K.L. West, D. Med., Grandview, Mo.			23b. ADDRESS Grandview, Mo.			23c. DATE SIGNED 12-13-51		
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/16/51		24c. NAME OF CEMETERY OR CREMATORY Belton Ceme		24d. LOCATION (City, town, or county) (State) Belton, Missouri	
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DATE REC'D BY LOCAL REG. Dec 17, 1951		REGISTRAR'S SIGNATURE Dora Barnard		4-57		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS P. George Sauer, Belton, 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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

A. K. Group

Signed _____

Student Embalmer

Licensed Embalmer No. *3645*

P. O. Address *Grandview 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.