

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2135

State File No. ....

FILED FEB 13 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 247 PRIMARY REG. DIST. NO. 5840 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Wentworth Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wentworth Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS (If rural, give location) <u>Wentworth R 7002</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank Sn</u> b. (Middle) <u>Donald</u> c. (Last) <u>Donald</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-29-52</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>3-21-1876</u>
9. AGE (In years last birthday) <u>75</u>		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>2</u>
11. BIRTHPLACE (State or foreign country) <u>Lawrence Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James McDonald</u>		13b. MOTHER'S MAIDEN NAME <u>Beier</u>	13c. NAME OF HUSBAND OR WIFE <u>Edmond Donald</u>
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>2</u>		15. SOCIAL SECURITY NO. <u>2</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Edmond Donald Wentworth Mo</u>
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) <u>coronary atherosclerosis &amp; infarct</u> ANTECEDENT CAUSES DUE TO (b) <u>atherosclerosis</u> DUE TO (c) <u>myocardial infarction</u> II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertrophied prostate</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19c. INTERVAL BETWEEN ONSET AND DEATH <u>4 months</u> <u>15 yr</u> <u>4 mo</u> <u>6 mo</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 <u>4-201</u>	
22. I hereby certify that I attended the deceased from <u>June 16, 1942</u> , to <u>April 29, 1952</u> that I last saw the deceased alive on <u>Dec 29, 1952</u> , and that death occurred at <u>1:35 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. E. Kilbaur, D.O.</u> (Degree or title)		23b. ADDRESS <u>Saracoke Mo</u>	23c. DATE SIGNED <u>1/29/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-31-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Saracoke Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Saracoke Mo</u>
DATE REC'D BY LOCAL REG. <u>Jan. 31, 1952</u>	REGISTRAR'S SIGNATURE <u>M. L. Young</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Jackson &amp; Sons, Saracoke Mo</u>	

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

District No. NEWTON COUNTY HEALTH UNIT

District file Number 152-1

Date Filed FEB 11 1952

NEOSHO, MISSOURI

VS APR 21 1960

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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Wm K. Jackson

Licensed Embalmer No. 3954

P. O. Address Laverie 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.