

SEP 23 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32612**

891
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

| | | | | | | | | |
|---|--|--|------------|--|-----------------------------|---|-----------|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>297</u> | | PRIMARY REG. DIST. NO. <u>3057</u> | | Registrar's No. <u>71</u> | | |
| 1. PLACE OF DEATH a. COUNTY <u>Ray</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u> | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Richmond</u> | | c. LENGTH OF STAY (in this place) <u>10 years</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Richmond</u> | | <u>889 1</u> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>545 East Buchanan Street</u> | | | | d. STREET ADDRESS (If rural, give location) <u>545m East Buchanan Street</u> | | | | |
| 3. NAME OF DECEASED (Type or Print) <u>EDNA</u> | | | a. (First) | | b. (Middle) <u>McDonald</u> | | c. (Last) | |
| 4. DATE OF DEATH <u>Sept. 10, 1952</u> | | DATE (Month) (Day) (Year) | | 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>Negro</u> | | |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>July 5, 1884</u> | | 9. AGE (In years last birthday) <u>68</u> | | IF UNDER 1 YEAR Months <u>2</u> Days <u>5</u> | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Richmond, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | |
| 13a. FATHER'S NAME <u>Edward Tevault</u> | | 13b. MOTHER'S MAIDEN NAME <u>Bettie McGee</u> | | 14. NAME OF HUSBAND OR WIFE <u>Elijah McDonald</u> <u>Uied</u> | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Solomon Tevault, Richmond, Mo.</u> ADDRESS | | | | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Hypertension</u> <u>Hepatitis Chronic?</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> | | | | INTERVAL BETWEEN ONSET AND DEATH | | |
| 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) | | <u>592X</u> | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 21e. INJURY OCCURRED WHILE AT WORK <input checked="" 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>July 1, 1952</u> to <u>Sept 10, 1952</u> that I last saw the deceased alive on <u>Sept 10, 1952</u> that death occurred at <u>7:30 P.m.</u> , from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE <u>E. E. Gay MD</u> (Regist. or title) | | | | 23b. ADDRESS <u>Richmond</u> | | 23c. DATE SIGNED <u>9/15/52</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>9-13-1952</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Sunny Slope Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Richmond, Missouri</u> | | |
| DATE REC'D BY LOCAL REG. <u>Sept 19-1952</u> | | REGISTRAR'S SIGNATURE <u>Malcol Jackson</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas J. Carter</u> | | ADDRESS <u>Richmond, Mo</u> | | |

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

Thomas J. Carter

Licensed Embalmer No. *4474*

P. O. Address. *Richmond, 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.