

S. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34697**

6150 BIRTH NO. **OCT 20 1952**

REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **912-A**

5392 C

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. LENGTH OF STAY (in this place) 4 days	
d. FULL NAME OF HOSPITAL OR INSTITUTION Burge Hospital		d. STREET ADDRESS (If rural, give location) 1918 N. Lyon Avenue	
3. NAME OF DECEASED (Type or Print) a. (First) CLARA		b. (Middle) FRANCES	
c. (Last) McDONALD		4. DATE OF DEATH (Month) (Day) (Year) Oct. 8, 1952	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 20 December 1884
9. AGE (In years last birthday) 67		10. IF UNDER 1 YEAR: Months 67 Days 0 Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	
11. BIRTHPLACE (City and State or Foreign Country) Christian, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE -----		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 Public Administrator ADDRESS (Personal papers)	
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) Diabetic Coma ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		260X	
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 Oct. 3 , 19 52 , to Oct. 8 , 19 52 , that I last saw the deceased alive on Oct. 8 , 19 52 , and that death occurred at 6:30 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE Edward Marcus (Degree or title)		23b. ADDRESS Woodruff Park	
23c. DATE SIGNED 10/11/52		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 11 Oct 1952		24c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery	
24d. LOCATION (City, town, or county) (State) Springfield, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Ed C. Florence ADDRESS Springfield, Missouri	
DATE REC'D BY LOCAL REG. 10-13-52		REGISTRAR'S SIGNATURE Edith Williamson Registrar	

Dr. Marcus

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

DEC 4 1952

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 Fred C. Thieme

Licensed Embalmer No. 2899

P. O. Address Springfield, Missouri

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.