

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41315

State File No. 40

No. 390  
10.48  
NOV 24 1952

BIRTH NO. _____		REG. DIST. NO. 381		PRIMARY REG. DIST. NO. 4515		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Sullivan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Sullivan</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Milan</u>		c. LENGTH OF STAY (in this place) <u>44 4/5</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Milan</u>		1059	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Lynn</u> c. (Last) <u>McDonald</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11 - 14 1952</u>				
5. SEX <u>W</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>4-7-1908</u>	9. AGE (In years last birthday) <u>44</u>	IF UNDER 1 YEAR Months <u>7</u>	IF UNDER 1 YEAR Days <u>7</u>	IF UNDER 24 HRS. Hours <u>7</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farm</u>		11. BIRTHPLACE (State or foreign country) <u>Sullivan Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>W.T. McDonald</u>		13b. MOTHER'S MAIDEN NAME <u>Cora Belle Daugherty</u>		14. NAME OF HUSBAND OR WIFE <u>Lola Wilson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Joe McDonald</u>		ADDRESS <u>Newtown 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Malnutrition</u>  ANTECEDENT CAUSES DUE TO (b) <u>Metastatic carcinoma of duodenum, jejunum, colon &amp; mesentery</u> DUE TO (c) <u>Carcinoma stomach, liver &amp; omentum ?</u> II. OTHER SIGNIFICANT CONDITIONS <u>March 1952 total gastrectomy, partial hepatectomy &amp; omentumectomy.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 WKS</u>  <u>8 mo.</u>	
19a. DATE OF OPERATION <u>3-17-52</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma stomach, liver and omentum</u>				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) m.		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>3 a</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Joseph E. Prior J.D.</u> (Degree or title)				23b. ADDRESS <u>217 E. Second St., Milan, Mo.</u>		23c. DATE SIGNED <u>11-17-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>11-15-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakwood Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Milan Mo</u>		
DATE REC'D BY LOCAL REG. <u>11-20-52</u>		REGISTRAR'S SIGNATURE <u>Mrs. H.B. Harris</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Schaefer's Daughter Schaefer</u>		ADDRESS <u>Milan Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

**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 Dwight Schoene.....

Licensed Embalmer No. 2667.....

P. O. Address Wilton - 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.