

FILED MAR 19 1953

THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9149
State File No.

BIRTH NO. _____ REG. DIST. NO. 69 PRIMARY REG. DIST. NO. 4122 Registrar's No. 4

1. PLACE OF DEATH
 a. COUNTY CHRISTIAN
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN NIXA
 c. LENGTH OF STAY (In this place) 5 YEARS
 d. FULL NAME OF HOSPITAL OR INSTITUTION HOME OF GRANT McDONALD

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE MISSOURI b. COUNTY CHRISTIAN
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN NIXA 0220
 d. STREET ADDRESS (If rural, give location) HIGHWAY # 123 0

3. NAME OF DECEASED (Type or Print) a. (First) OTIS b. (Middle) ✓ c. (Last) McDONALD 4. DATE OF DEATH (Month) (Day) (Year) MARCH 11-1953

5. SEX 0 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2 8. DATE OF BIRTH OCT. 21-1867 9. AGE (In years last birthday) 85 IF UNDER 1 YEAR Months | Days IF UNDER 1 HRS. Hours | Min.
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CONTRACTOR 10b. KIND OF BUSINESS OR INDUSTRY PLUMBING 11. BIRTHPLACE (City and State or Foreign Country) INDIANA 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME N. B. McDONALD 13b. MOTHER'S MAIDEN NAME ELIZABETH (UNKNOWN) 14. NAME OF HUSBAND OR WIFE SARAH CHAPMAN, McDONALD

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 GRANT McDONALD, NIXA, MISSOURI

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) Coronary Thrombosis
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) arterio sclerosis
 DUE TO (c) Senility
 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. nephritis
 19. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 1201 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-1, 1951, to 3-11, 1953, that I last saw the deceased alive on 3-10, 1953, and that death occurred at 6:45 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Harold Shaffer D.D. 23b. ADDRESS Nixa, Mo. 23c. DATE SIGNED 3-13-53

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE MARCH 14-1953 24c. NAME OF CEMETERY OR CREMATORY EAST LAWN CEMETERY 24d. LOCATION (City, town, or county) (State) SPRINGFIELD, MISSOURI

DATE REC'D BY LOCAL REG. 3-14-53 REGISTRAR'S SIGNATURE Allene Brewer 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John Dean Harris, Clever, Mo.

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

6881 2 TOP

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 John Alan Harris

Licensed Embalmer No. 4390

P. O. Address Cleary, 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.