S. No. 300
v. 10-48

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

FILED APR 16 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14340

BIRTH NO: _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1772

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (In this place): 23 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. MARY'S HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS CITY
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 1233 WEST 72ND STREET 3978

3. NAME OF DECEASED (Type or Print)
a. (First): MALACHY
b. (Middle): OWEN
c. (Last): McDONALD

4. DATE OF DEATH (Month) (Day) (Year): MARCH 28 1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: August 20 1899
9. AGE (In years last birthday): 53
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): DIST. SALES MGR.
10b. KIND OF BUSINESS OR INDUSTRY: GENERAL MILLS
11. BIRTHPLACE (City and State or Foreign Country): MINNEAPOLIS MINNESOTA
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: MICHAEL McDONALD
13b. MOTHER'S MAIDEN NAME: ELLENA GARRITY
14. NAME OF HUSBAND OR WIFE: MRS. MURIEL REID McDONALD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES
(If yes, give war or dates of service): WORLD WAR I
16. SOCIAL SECURITY NO.: 487-09-6169
17. INFORMANT'S SIGNATURE OR NAME: MRS MURIEL REID McDONALD
ADDRESS: 1233 W. 72ND ST KANSAS CITY, MO.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Dissecting Aneurysm aorta — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Atheromatosis + endarteritis degeneration aorta — (?)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Old post. Infarction — 451 X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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) m.
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* 24 Mar, 1953 *to* 28 March, 1953, *that I last saw the deceased alive on* 28 Mar., 1953, *and that death occurred at* 2:10 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE Fred H. Lundgren Jr. (Degree or title) MD
23b. ADDRESS: 227 Plaza Medical Bldg
23c. DATE SIGNED: 30 Mar.

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: MAR 31 1953
24c. NAME OF CEMETERY OR ~~CREMATORY~~: ST. MARY'S CEMETERY
24d. LOCATION (City, town, or county) (State): SOUTH MINNEAPOLIS MINNESOTA

DATE REC'D BY LOCAL REG.: 3-31-53
REGISTRAR'S SIGNATURE: Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE: R.W. Newcomer Sons
ADDRESS: 1331 Brush Creek Kansas City Mo.

(Licensed Embalmer's Statement on Reverse Side)

No. 8833

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Charles H Stick

Licensed Embalmer No. 45

P. O. Address K.P. M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.