

STANDARD CERTIFICATE OF DEATH

State File No. 14751
 14751-19
 Registrar's No. 3927

FILED APR 21 1953

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR Webb City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City, 0492	
c. LENGTH OF STAY (In this place) Life		d. STREET ADDRESS (If rural, give location) 718 W. Broadway 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION 718 W. Broadway			

3. NAME OF DECEASED a. (First) Nora b. (Middle) Lorena c. (Last) McDonald			4. DATE OF DEATH (Month) (Day) (Year) April 11, 1953		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married	
8. DATE OF BIRTH June 27, 1877		9. AGE (In years last birthday) 75		10. UNDER 1 YEAR (Months) 9 11. UNDER 24 HRS. (Days) 14 12. UNDER 1 MIN. (Hours) 14	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			11. BIRTHPLACE (State or foreign country) Joplin, Mo. 0		
10b. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME William Boxley		13b. MOTHER'S MAIDEN NAME Elizabeth Herriford		14. NAME OF HUSBAND OR WIFE L.E. McDonald Sr.	
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 L.E. McDonald Sr. 718 W. Broadway Webb 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 4 month	
ANTECEDENT CAUSES		DUE TO (b) unknown			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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"/> 4201	
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 **Dec. 4, 1952**, to **April 11, 1953**, that I last saw the deceased alive on **April 11, 1953**, and that death occurred at **7:15A m.**, from the causes and on the date stated above.

23a. SIGNATURE G. S. Slaughter (Degree or title) D.O.		23b. ADDRESS Webb City, Mo.		23c. DATE SIGNED 4/13/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-14-53		24c. NAME OF CEMETERY OR CREMATORY Carterville Cem.	
				24d. LOCATION (City, town, or county) (State) Carterville, Mo.	

DATE REC'D BY LOCAL REG. 4-13-53		REGISTRAR'S SIGNATURE Mrs. Madeline Surtz		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Johnston-Arnce Simpson, Webb City, Mo	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 4. 20. 53
Jasper County Health Office

County File Number 53-4-386
Date Filed 4. 20. 53

OCT 13 1953

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 Jack C Simpson

Licensed Embalmer No. 14647

P. O. Address Webb City, 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.