

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 25 1953

17695

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>472</u>		
1. PLACE OF DEATH a. COUNTY <u>Brewer</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Brewer</u>				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Springfield</u>		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Springfield 0396</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>527 East Walnut</u>				d. STREET ADDRESS (If rural, give location) <u>527 E. Walnut</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>LENA</u>			b. (Middle) <u>RUTH</u>		c. (Last) <u>McDONALD</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 16 1953</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>APRIL 5-1892</u>	9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bookkeeper</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Producers Produce Co</u>		11. BIRTHPLACE (State or foreign country) <u>Paris - Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>N. E. Lewis</u>			13b. MOTHER'S MAIDEN NAME <u>Lena Wellis</u>		14. NAME OF HUSBAND OR WIFE <u>Tom Mc Donald</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>491-03-2398</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Dr. Marvin J. Mc Donald</u> ADDRESS <u>Denton Tex</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Probably Coronary occlusion</u>							
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>UNATTENDED BY A PHYSICIAN</u>							
	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"/>
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>2:00a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Edith Williamson</u> (Degree or title) <u>Deputy Registrar, Brewer Co. Mo.</u>				23b. ADDRESS _____		23c. DATE SIGNED <u>5/20/53</u> (State) _____		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>May 19-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Elsberry Cemetery</u>		24d. LOCATION (City, town, or county) <u>Elsberry, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>5-19-53</u>		REGISTRAR'S SIGNATURE <u>Edith Williamson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ed Brim Daniel - Walnut Troop - Mo</u> ADDRESS _____				

(Licensed Embalmer's Statement on Reverse Side)

APR 23 1957

JUN 26 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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No. _____

Signed

Loyle L. Daniel

Licensed Embalmer No. _____

4702

P. O. Address _____

Red Brook, Va

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

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