

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **18144**  
**2481**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>27 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>912 Locust</u>	
d. FULL NAME OF (If not in hospital or institution, give street address of location) <u>Sumner Hotel 912 Locust</u>				d. STREET ADDRESS (If rural, give location) <u>912 Locust</u>			
3. NAME OF DECEASED (Type or Print) <u>Louis</u>		a. (First) <u>Louis</u>		b. (Middle) <u>EDWARD</u>		c. (Last) <u>McDONALD</u>	
4. DATE OF DEATH <u>5-9-53</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	
8. DATE OF BIRTH <u>3-16-1891</u>		9. AGE (In years last birthday) <u>62</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>telegrapher</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Marcus Iowa</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>telegrapher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Western Union Tel. Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Marcus Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>John F. McDonald</u>		13b. MOTHER'S MAIDEN NAME <u>Terese C. Corley</u>		14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service. <u>No</u>	
16. SOCIAL SECURITY NO. <u>486-07-3077</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. L. Boydston</u>		ADDRESS <u>2234 Kansas Ave. Fresno Cal.</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>(486) Heart Coronary occlusion</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>(486) Heart Coronary occlusion</u>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart Coronary occlusion</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs.</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerosis heart disease</u>				DUE TO (c) <u>2 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 (Month) (Day) (Year) (Hour) OF INJURY.	
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 <u>Dec 1, 1950</u> to <u>May 9, 1953</u> , that I last saw the deceased alive on <u>May 1, 1953</u> , and that death occurred at <u>8:30 P. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>D. J. Cutcliff</u>				23b. ADDRESS <u>1222 Maple Ave</u>		23c. DATE SIGNED <u>5/14/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-15-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cem</u>		24d. LOCATION (City, town, or county) (State) <u>KC Mo</u>	
DATE REC'D BY LOCAL REG <u>5-14-53</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Seta B. Loretian</u>		ADDRESS <u>D-C-2</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

**STATEMENT BY LICENSED EMBALMER**

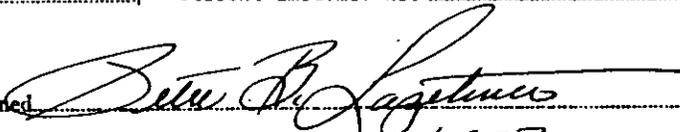
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed



Licensed Embalmer No. 4873

P. O. Address KCMo

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.