

1841

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

State File No.

520

BIRTH NO. FILED FEB 15 1954 REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 5614 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY Knox		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY Knox	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hedge City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Baring	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) Jess b. (Middle) Lee c. (Last) Mc Donald			4. DATE OF DEATH (Month) (Day) (Year) Feb 5, 1954
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH July 3 1875
9. AGE (In years last birthday) 77 1/2		10. KIND OF BUSINESS OR INDUSTRY Laborer	11. BIRTHPLACE (City and State or Foreign Country): Knox County, Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME Elias Mc Donald		13b. MOTHER'S MAIDEN NAME Sarah Jane Boone	
14. NAME OF HUSBAND OR WIFE O		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. O		17. INFORMANT'S SIGNATURE OR NAME John Merson Mc Donald	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		18. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Insufficiency ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocarditis DUE TO (c) Arteriosclerosis 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 4221	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH	
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 <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 6:55 A. M., from the causes and on the date stated above.			
23a. SIGNATURE E. O. Johnson, D.O.		23b. ADDRESS Hawley St. No. 2	
23c. DATE SIGNED 2/9/54		23d. LOCATION (City, town, or county) (State) Baring Mo.	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 8, 1954	24c. NAME OF CEMETERY OR CREMATORY Baring Cemetery	24d. LOCATION (City, town, or county) (State) Baring Mo.
DATE REC'D BY LOCAL REG. Feb. 10-54	REGISTRAR'S SIGNATURE Helle S. Hummel	25. FUNERAL DIRECTOR'S SIGNATURE Lentha Biskett Memphis Mo	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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 *Mrs J. W. Hudson*

Licensed Embalmer No. *2972*

P. O. Address *Edina, 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.