S. No. 300
Rev. 10.48

0140 — 1

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

FILED MAR 15 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4193

State File No.

BIRTH NO. REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 5166 Registrar's No. 71

1. PLACE OF DEATH
a. COUNTY Callaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) JACKSON TWP
c. LENGTH OF STAY (In this place) 3 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) R.F.D 1 AUXVASSE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY CALLAWAY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) RURAL JACKSON TWP
d. STREET ADDRESS (If rural, give location) R.F.D. 1 AUXVASSE

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Henry c. (Last) McDONALD
4. DATE OF DEATH (Month) (Day) (Year) MAR 8, 1954
5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED
8. DATE OF BIRTH SEPT 7, 1858
9. AGE (In years last birthday) 95 — 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) RETIRED
10b. KIND OF BUSINESS OR INDUSTRY FARMER
11. BIRTHPLACE (State or foreign country) CALLAWAY COUNTY MO
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John McDONALD
13b. MOTHER'S MAIDEN NAME JANE LARUE
14. NAME OF HUSBAND OR WIFE ABBIE McDONALD
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. No
17. INFORMANT'S SIGNATURE OR NAME Mrs John Chism ADDRESS Auxvasse Mo

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH 2 wks.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Glomerulo Nephritis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis Essential Hypertension

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

592X

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* Mar 2, 19__, *to* Mar 8, 1954, *that I last saw the deceased alive on* Mar 7, 1954 *and that death occurred at* 1:15 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) M.D.
23b. ADDRESS Auxvasse Mo
23c. DATE SIGNED 3-10-54

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE 3/10/54
24c. NAME OF CEMETERY OR CREMATORY CONCORD CM.
24d. LOCATION (City, town, or county) (State) CALLAWAY COUNTY MO

DATE REC'D BY LOCAL REG. March 13-1954
REGISTRAR'S SIGNATURE Marietta Lawrence
25. FUNERAL DIRECTOR'S SIGNATURE Maupin Funeral Home ADDRESS Auxvasse Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Harry A. Stewart

Licensed Embalmer No. 3722

P. O. Address Fulton 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.