

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5558

State File No.

BIRTH NO. FILED FEB 25 1954 REG. DIST. NO. 240 PRIMARY REG. DIST. NO. 4357 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY NEW MADRID.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri COUNTY New Madrid.	
b. CITY (If outside corporate limits, write RURAL and give town) MARSTON	c. LENGTH OF STAY (in this place) township) 72 years	c. CITY (If outside corporate limits, write RURAL and give township) Marston. 0720	
d. FULL NAME OF HOSPITAL OR INSTITUTION NO		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) LUCIEN b. (Middle) MO c. (Last) DONALD			4. DATE OF DEATH (Month) (Day) (Year) Feb-11-1954		
5. SEX M. O	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED	8. DATE OF BIRTH Aug-29-1880	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months 5 Days 12
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Taxider		10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (State or foreign country) Ky. 1		12. CITIZEN OF WHAT COUNTRY? U-S. A.

13a. FATHER'S NAME JAMES FINLEY M DONALD	13b. MOTHER'S MAIDEN NAME UNK.	14. NAME OF HUSBAND OR WIFE —
---	---------------------------------------	--------------------------------------

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 Albert M Donald ADDRESS New Madrid.
--	-----------------------------------	---

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac decompensation		INTERVAL BETWEEN ONSET AND DEATH 4 months	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Colitis - Chronic			1 year
	DUE TO (c) Tuberculosis of Bowel			5 years
11. 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 011X	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 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 **2-7**, 1954, to **2-10**, 1954, that I last saw the deceased alive on **2-10**, 1954, and that death occurred at **01452 m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James D. Cameron M.D.	23b. ADDRESS Box F Marston Mo	23c. DATE SIGNED 2-12-54
---	--------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb-12-54	24c. NAME OF CEMETERY OR CREMATORY Father's	24d. LOCATION (City, town, or county) (State) New Madrid. Mo
---	----------------------------	--	---

DATE REC'D BY LOCAL REG. 2-23-54	REGISTRAR'S SIGNATURE H.L. Bonder Deputy	25. FUNERAL DIRECTOR'S SIGNATURE Richard Unk ADDRESS New Madrid.
---	---	--

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 *James S. Roberts*

Licensed Embalmer No. *4886*

P. O. Address *New Madrid, 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.