

STANDARD CERTIFICATE OF DEATH

FILED MAR 31 1954 REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <b>PIKE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>LINCOLN</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Louisiana Springs</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>0570</b> OR TOWN <b>Elsberry</b>	
c. LENGTH OF STAY (In this place) <b>10 days</b>		d. STREET ADDRESS (If rural, give location) <b>707 New Hope Rd.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>MINERAL SPRING HOSPITAL</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>ALMA</b> b. (Middle) <b>LEA</b> c. (Last) <b>McDONALD</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>MAR. 20, 1954</b>		
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>	
8. DATE OF BIRTH <b>FEB. 12, 1951</b>		9. AGE (In years last birthday) <b>3</b>		IF UNDER 1 YEAR Months <b>1</b> Days <b>8</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>infant</b>		11. BIRTHPLACE (State or foreign country) <b>Pike Co. Hosp. - Louisiana, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>CHAS. McDONALD</b>		13b. MOTHER'S MAIDEN NAME <b>DELLMA TOLBERT</b>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>CHAS. McDONALD - ELSBERRY, Mo.</b>					

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>POST SURGICAL SHOCK</b>				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>SURGERY</b> DUE TO (c) <b>PERFORATED APPENDIX</b> <b>GENERALIZED PERITONITIS</b> <b>18 MONTHS AGO</b>					
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 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) (Min.)		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 **MARCH 9, 1954**, to **MARCH 20, 1954**, that I last saw the deceased alive on **MARCH 20, 1954**, and that death occurred at **5:20 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>		23b. ADDRESS <b>LOUISIANA, MO.</b>		23c. DATE SIGNED <b>MAR. 22, 1954</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>MAR. 22, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>ELSBERRY</b>	
24d. LOCATION (City, town, or county) (State) <b>ELSBERRY, MO.</b>					

DATE RECD BY LOCAL REG. <b>March 22, 1954</b>		REGISTRAR'S SIGNATURE <i>[Signature]</i>		FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	
ADDRESS <b>Bernice Calber</b>		ADDRESS <b>374</b>		ADDRESS <b>ELSBERRY, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

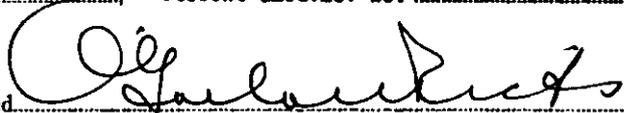
**STATEMENT BY LICENSED EMBALMER**

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. 4012

P. O. Address Edsberry, 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.