

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26527

State File No. _____

FILED AUG 25 1954

BIRTH NO. _____ REG. DIST. NO. 387 PRIMARY REG. DIST. NO. 4085 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hale, Hurricane</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hale,</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>G. D.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home, south part town,</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>EMMET</u> b. (Middle) <u>LeRoy</u> c. (Last) <u>McDonald,</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 21, 1954</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan 14, 1878</u>		9. AGE (In years last birthday) <u>76</u>
			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Barber (retired)</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Edon, Ohio</u>
					12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>John Wesley McDonald,</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Emaline Bucher</u>		14. NAME OF HUSBAND OR WIFE <u>Anna May (Coen)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Winston McDonald, Hale, Missouri</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
*This does not mean the mode of dying, such as heart failure, asphyxia, 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) _____ DUE TO (c) _____			
		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 <u>4201</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 8-21, 1954 to 8-21, 1954, that I last saw the deceased alive on 8-21, 1954, and that death occurred at 11:45 AM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. Edwin A. White, D.O.</u>		23b. ADDRESS <u>Hale, Mo</u>		23c. DATE SIGNED <u>8-23-54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8/23/1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hale</u>	24d. LOCATION (City, town, or county) (State) <u>Hale, Missouri</u>		
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DATE REC'D BY LOCAL REG. <u>Aug 23, 1954</u>	REGISTRAR'S SIGNATURE <u>Miss Rex Henderson</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clifford W. Austin, Hale, Mo.</u>
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(Licensed Embalmers' Statements on Reverse Side)

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

No. 300
10.48

0170

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. 3233

P. O. Address Tina, Missouri

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.