

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29871  
State File No. ....

FILED SEP 27 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1020

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY OR TOWN <u>St. Joseph</u>	d. Is Residence within limits of a city or incorporating town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>33 yrs.</u>		f. STREET ADDRESS (If rural, give location) <u>116 W. Hyde Park Ave. 0117</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Meth. Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>CECIL</u>	b. (Middle) <u>L.</u>	c. (Last) <u>MCDONALD</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 19, 1954</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 3, 1900</u>	9. AGE (In years last birthday) <u>53</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machinist</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>C.B.&amp;Q. R.R.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Norton, Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Lee McDonald</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Lydia McDonald</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lydia McDonald, 116 W. Hyde Park Ave.</u>	ADDRESS <u>116 W. Hyde Park Ave.</u>
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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.	MEDICAL CERTIFICATION <u>St. Joseph, Mo.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>one year</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Liver</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Liver trouble</u> DUE TO (c) <u>Fell out of bed in hospital</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Much ascites and vomiting of blood</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	<u>E9027</u> <u>45</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>hospital</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>St. Joseph, Buchanan, Missouri</u> (COUNTY) <u>1-3-1</u> (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Sept 19, 1954 7:15A</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell out of hospital bed</u>
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22. I hereby certify that I attended the deceased from 9-21, 1953, to 9-19, 1954, that I last saw the deceased alive on 9/17, 1954, and that death occurred at 7:15A m., from the causes and on the date stated above.

23a. SIGNATURE <u>W.E. Remon</u> (Degree or title) <u>md.</u>	23b. ADDRESS <u>423 Mann City</u>	23c. DATE SIGNED <u>9/22/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept 21, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Sept 23, 1954</u>	REGISTRAR'S SIGNATURE <u>Lothar M. Allison</u>	485	25. FUNERAL DIRECTOR'S SIGNATURE <u>Paula Rupp</u> ADDRESS <u>St. Joseph, Mo.</u>
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(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, ~~only~~ ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*John E. Rupp*

Licensed Embalmer No. 39  
P. O. Address.....  
*St. Joseph*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.