

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300  
10.48

FILED NOV 9 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 6122 Registrar's No. 85

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dexter (Liberty Twp)</u>		c. CITY OR TOWN <u>Dexter</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>3 months</u>		e. STREET ADDRESS (If rural, give location) <u>Route 2</u> <u>1030</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Davis Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Elisa</u> c. (Last) <u>McDonald</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 30 1954</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Cauc</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb 17, 1883</u>
9. AGE (In years last birthday) <u>71</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>11</u>	IF UNDER 24 HRS. Hours <u>39</u> Min. <u>00</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>--</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Acron Ridge, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>William Alexander</u>		13b. MOTHER'S MAIDEN NAME <u>Rebecca Ryan</u>	14. NAME OF HUSBAND OR WIFE <u>Henry N. McDonald</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>--</u>		16. SOCIAL SECURITY NO. <u>--</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lloyd McDonald Bloomfield, Mo</u>
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) <u>Double Labor Pneumonia</u> ANTECEDENT CAUSES <u>Cerebral Arteriosclerosis</u> DUE TO (b) <u>39</u> 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>490X</u>	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) _____		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 <u>Sept 30, 1954</u> , to <u>Oct 30, 1954</u> , that I last saw the deceased alive on <u>Oct 30, 1954</u> , and that death occurred at <u>8:00</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>S. S. Radwin M.D.</u>		23b. ADDRESS <u>Dexter Mo</u>	23c. DATE SIGNED <u>11-2-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov 2, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lick Creek Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Bloomfield, Missouri</u>
DATE REC'D BY LOCAL REG. <u>11-4-54</u>	REGISTRAR'S SIGNATURE <u>Delmas V. Jenkins</u> <u>429</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Watkins &amp; Sons Fun. Ser. Dexter, Mo.</u>	

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

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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.....  
Signature of Student Embalmer

Signed *Earl N. Watkins*.....

Licensed Embalmer No. *490*.....

P. O. Address *Defta,*.....

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.