

STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 583

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Newton	
b. CITY (If outside corporate limits, write RURAL and give township) Poplin		c. CITY OR TOWN Sarsopie	
c. LENGTH OF STAY (in this place) 4 da		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hosp		e. STREET ADDRESS (If rural, give location) Mo R 7 D 1 0137	

3. NAME OF DECEASED (Type or Print) a. (First) George D b. (Middle) M c. (Last) Mc Ronald			4. DATE OF DEATH (Month) (Day) (Year) 12-8-54		
5. SEX M	6. COLOR OF RACE wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 2-2-1897		9. AGE (In years last birthday) 57

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Lohrville Iowa	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Matthew W. Donald	13b. MOTHER'S MAIDEN NAME Esther Richard	14. NAME OF HUSBAND OR WIFE Single
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME Norman Mc Ronald	ADDRESS Sarsopie Mo
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive Pulmonary Embolism		INTERVAL BETWEEN ONSET AND DEATH 5 min	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fracture of right femur DUE TO (c) none of right femur			3 day
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Malnutrition and dehydration			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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 013 (STATE)
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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?
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22. I hereby certify that I attended the deceased from 12-6, 1954 to 12-9, 1954, that I last saw the deceased alive on 12-9, 1954, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE J. H. Nockleton (Degree or title)	23b. ADDRESS Sarsopie, Mo	23c. DATE SIGNED 12-10-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-12-54	24c. NAME OF CEMETERY OR CREMATORY Sarsopie Cem	24d. LOCATION (City, town, or county) Sarsopie Mo (State)
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DATE REC'D BY LOCAL REG. 12-11-54	REGISTRAR'S SIGNATURE J. H. Nockleton	FUNERAL DIRECTOR'S SIGNATURE ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

County File Number 54-13-284
Date Filed DEC 13 1954

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..... *Wm K Jackson*

Licensed Embalmer No. 395

P. O. Address *Haverhill*

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.