No. 300
10.48

FILED DEC 9 1954

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38026

BIRTH NO. 79212-54 REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3033 Registrar's No. 3[illegible]

1. PLACE OF DEATH

a. COUNTY: Marion

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal

c. LENGTH OF STAY (in this place): 2 Days

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Levering

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).

a. STATE: Illinois

b. COUNTY: Pike

c. CITY OR TOWN: Barry

d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐

e. STREET ADDRESS (If rural, give location): 815 8

3. NAME OF DECEASED (Type or Print)

a. (First): Diana

b. (Middle): Kay

c. (Last): McDonald

4. DATE OF DEATH (Month) (Day) (Year): Nov 30 1954

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify):

8. DATE OF BIRTH: Nov 18, 1954

9. AGE (In years last birthday): IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.: 2 Wks

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and State or Foreign Country): Hannibal, Mo

12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Virgil McDonald

13b. MOTHER'S MAIDEN NAME: Shirley McDonald

14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S SIGNATURE OR NAME ADDRESS:

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Congenital Heart Disease

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Thromboplebitis Left Subclavian Stem — INTERVAL BETWEEN ONSET AND DEATH: 48 hours

DUE TO (c): Pneumonia Bilateral — 36 hours

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Hypertrophy of Right Ventricle
Hypoplasia of the Aorta

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: 754-4

20. AUTOPSY? YES ☑ NO ☐

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 29 Nov., 1954, *to* 1 Dec., 1954, *that I last saw the deceased alive on* 1 December, 1954, *and that death occurred at* 4:20 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Daniel B. Landau, M.D.

23b. ADDRESS: Hannibal, Missouri

23c. DATE SIGNED: 12/1/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Dec 1, 1954

24c. NAME OF CEMETERY OR CREMATORY: Park Lawn

24d. LOCATION (City, town, or county) (State): Barry Ill

DATE REC'D BY LOCAL REG.: 12-2-54

REGISTRAR'S SIGNATURE: Dr. E. M. Lucke By W. C. Fisher 184-0

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Thos. N. Lock, Barry, Ill.

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 7 1954
RECEIVED _____
MARION CO. HEALTH DEPT.
DATE FILED DEC 7 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student..... Signed.....
Signature of Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.