

FILED MAR 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **8668**BIRTH NO. _____ REG. DIST. NO. **174** PRIMARY REG. DIST. NO. **3035** Registrar's No. **21**

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, write RURAL and give township) Lexington		c. CITY OR TOWN Lexington	
c. LENGTH OF STAY (in this place) 66 yrs		d. In residence within limits of city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Died at home		STREET ADDRESS (If rural, give location) Clinton 542	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
William H McDonald			Feb 28 1955		

5. SEX Male		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced		8. DATE OF BIRTH July 8, 1889		9. AGE (In years last birthday) 66		IF UNDER 1 YEAR Months Days Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) miner employe		10b. KIND OF BUSINESS OR INDUSTRY mine		11. BIRTH PLACE (City and State or Foreign Country) Lexington Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME William H. McDonald		13b. MOTHER'S MAIDEN NAME May Ellen Water		14. NAME OF HUSBAND OR WIFE none	
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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) no		16. SOCIAL SECURITY NO. 495 67-2061		17. INFORMANT'S SIGNATURE OR NAME Louis McDonald Lexington Mo.		ADDRESS 204 N. 705 Lexington Mo.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH immediate	
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*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.
This man was found dead at the breakfast table. Food uneaten. Sprayed face across a cabinet and resting on a chair. Body found 2 P.M.

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT (Specify) SUICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Lexington Mo. 7201	
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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?	
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22. I hereby certify that I attended the deceased from death **on** **Feb 28**, 19**55**, that I last saw the deceased alive on **19** and that death occurred at **8 A.** m., from the causes and on the date stated above.

23a. SIGNATURE Mc Martin MD Coroner		(Degree or title)		23b. ADDRESS O dessa Mo		23c. DATE SIGNED 2-28-55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 6, 55		24c. NAME OF CEMETERY OR CREMATORY Fount Green		24d. LOCATION (City, town, or county) (State) Lexington Mo.	
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DATE REC'D BY LOCAL REG. 3-25-55		REGISTRAR'S SIGNATURE Marion E. Galbreath		156		25. FUNERAL DIRECTOR'S SIGNATURE George H Green Lexington Mo		ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48542
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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.....
George H. Green

Licensed Embalmer No. *42*

P. O. Address *Roanoke*

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.