

FILED MAY 3 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **12380**

BIRTH NO. _____		REG. DIST. NO. <u>157</u>		PRIMARY REG. DIST. NO. <u>3127</u>		Registrar's No. <u>58</u>	
1. PLACE OF DEATH a. COUNTY <b>Jasper</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Webb City</b>		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <b>Webb City</b>		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 <b>718 West Broadway</b>				STREET ADDRESS (If rural, give location) <b>718 West Broadway</b>			
3. NAME OF DECEASED a. (First) <b>L</b> b. (Middle) <b>Emmett</b> c. (Last) <b>McDonald</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 27, 1955</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Sept 18 - 1872</b>		9. AGE (In years last birthday) <b>82</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>9</b>	IF UNDER 12 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Foundryman</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>Salem, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>David McDonald</b>		13b. MOTHER'S MAIDEN NAME <b>Eliza Barnes</b>		14. NAME OF HUSBAND OR WIFE <b>Nora McDonald (deceased)</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>L.E. McDonald Jr. 718 W. Broadway Webb City, Mo.</b>			
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) <b>Coronary Occlusion</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Myocarditis</b>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <b>5 yrs.</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <b>May</b> , 19 <u>53</u> , to <b>April</b> , 19 <u>55</u> , that I last saw the deceased alive on <b>4/26</b> , 19 <u>55</u> , and that death occurred at <b>6:15P</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Severright</b> (Degree or title) <b>M.D.</b>				23b. ADDRESS <b>Webb City, Mo.</b>		23c. DATE SIGNED <b>4-28-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>May 1-1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Carterville Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Carterville, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>4-29-55</b>		REGISTRAR'S SIGNATURE <b>Mr. Madeline Switzer</b>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>Johnston-Arnce-Simpson, Webb City, Mo.</b>			

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

County File Number 63-2-1955  
Date Filed MAY 2 1955

NOV 4 1957

MAY 4 1955

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 Harvey E. Am

Licensed Embalmer No. 446

P. O. Address WENCH

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.