

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. (C. K. Macdonald)
State File No. **20912**

FILED JUN 21 1955

BIRTH NO. _____ REG. DIST. NO. **372** PRIMARY REG. DIST. NO. **6269** Registrar's No. **27**

1. PLACE OF DEATH a. COUNTY WEBSTER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY WEBSTER	
b. CITY (If outside rural limits of rural township) OR TOWN MARSHFIELD		c. CITY (If outside corporate limits of rural township) OR TOWN MARSHFIELD	
c. LENGTH OF STAY (in this place) 9 yr.		d. STREET ADDRESS (If rural, give location) 1120	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) M. c. (Last) CALLAWAY			4. DATE OF DEATH (Month) (Day) (Year) MAY 17, 1955			
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH MARCH 19, 1867	9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE (State or foreign country) WRIGHT CO., MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME BAILEY BRADSHAW	13b. MOTHER'S MAIDEN NAME MARY PYATT	14. NAME OF HUSBAND OR WIFE Deceased
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME Mrs Guy Dugan, Marshfield, Mo.	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis, Generalized Severe.		INTERVAL BETWEEN ONSET AND DEATH Several Years.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4500	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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?

22. I hereby certify that I attended the deceased from **May 16, 1955**, to **May 17, 1955**, that I last saw the deceased alive on **May 16, 1955**, and that death occurred at **6:30 am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. R. Macdonald, M.D.	23b. ADDRESS Marshfield, Mo.	23c. DATE SIGNED May 18, 1955
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 5/19/55	24c. NAME OF CEMETERY OR CREMATORY MARSHFIELD CEMETERY	24d. LOCATION (City, town, or county) (State) MARSHFIELD, MISSOURI
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DATE REC'D BY LOCAL REG. 6-15-55	REGISTRAR'S SIGNATURE J. Francis	392	25. FUNERAL DIRECTOR'S SIGNATURE R. W. Barber, Marshfield	ADDRESS
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No. 300
10.48
120
1
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed _____

Jurien T. Swadby

Licensed Embalmer No. *4815*

P. O. Address *Wardfield*

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 this body is not embalmed, fact should be so stated above.