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

FILED AUG 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22791

BIRTH NO. _____ REG. DIST. NO. 181 PRIMARY REG. DIST. NO. 5678 Registrar's No. 29

1. PLACE OF DEATH
a. COUNTY: Lincoln
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Waverly Twp
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Lincoln
c. CITY OR TOWN: Silex
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 0570 0

3. NAME OF DECEASED (Type or Print)
a. (First): Sarah
b. (Middle): Luella
c. (Last): McDonald

4. DATE OF DEATH (Month) (Day) (Year): July 10 1955

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Aug. 8 1873
9. AGE (In years last birthday): 81
IF UNDER 1 YEAR: Months: 11 Days: 9
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:
11. BIRTHPLACE (City and State or Foreign Country): Lincoln Co. Mo
12. CITIZEN OF WHAT COUNTRY?: U S A
13a. FATHER'S NAME: Francis A Colbert
13b. MOTHER'S MAIDEN NAME: Martha Tapson
14. NAME OF HUSBAND OR WIFE: Samuel McDonald
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.: none
17. INFORMANT'S SIGNATURE OR NAME: Sherma McDonald
ADDRESS: Extreme Mo

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) Cardiac Insufficiency — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Uremia.
DUE TO (c) Renal + cerebral emboli.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. senility cholecystitis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 603X
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* 11-9, 1954, *to* 7-10, 1955, *that I last saw the deceased alive on* 7-10, 1955, *and that death occurred at* 2:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. L. Bornhill D.O.
23b. ADDRESS: Bowling Green
23c. DATE SIGNED: 7-12-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 13 1955
24c. NAME OF CEMETERY OR CREMATORY: Indian Creek
24d. LOCATION (City, town, or county) (State): Pike Co. Mo

DATE REC'D BY LOCAL REG.: 8-12-55
REGISTRAR'S SIGNATURE: Clyde A. Bridges
25. FUNERAL DIRECTOR'S SIGNATURE: Grace Bankhead
ADDRESS: Bowling Green Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.

P. O. Address

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