

FILED AUG 1- 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23281

BIRTH NO. _____		REG. DIST. NO. 294		PRIMARY REG. DIST. NO. 3056		Registrar's No. 190			
1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) —a— STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>Moberly</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>714 W Coates</u>				• STREET ADDRESS (If rural, give location) <u>714 W Coates</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Arthur</u> b. (Middle) <u>F.</u> c. (Last) <u>McDonald</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 27-1955</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct. 24-1899</u>			
9. AGE (In years last birthday) <u>55</u>		IF UNDER 1 YEAR Months <u>9</u>		IF UNDER 4 HRS. Hours <u>3</u>		12. CITIZEN OF WHAT COUNTRY? _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Distributor</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Falstak Bravy Co</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Mo</u>			
13a. FATHER'S NAME <u>Patrick McDonald</u>			13b. MOTHER'S MAIDEN NAME <u>Alice Ferguson</u>			14. NAME OF HUSBAND OR WIFE <u>Thelma</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. A. F. McDonald, Moberly</u>					
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, arteria, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarct</u>				ANTECEDENT CAUSES				1 minute	
DUE TO (b) <u>Coronary artery disease</u>				Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				6 years	
DUE TO (c) <u>H2O1</u>				II. OTHER SIGNIFICANT CONDITIONS				6 years	
Conditions contributing to the death but not related to the disease or condition causing death. <u>Myocardial infarct healed</u>				19a. DATE OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
19b. MAJOR FINDINGS OF OPERATION _____				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 <u>April 1954</u> , to <u>July 27, 1955</u> , that I last saw the deceased alive on <u>July 27, 1955</u> , and that death occurred at <u>6:30 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Ebenezer Clemons</u>				23b. ADDRESS <u>Moberly Mo</u>		23c. DATE SIGNED <u>July 28 1955</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-30-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakland</u>		24d. LOCATION (City, town, or county) (State) <u>Moberly, Mo</u>			
DATE REC'D BY LOCAL REG. <u>7-30-55</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mahan and Son, Moberly, Mo</u>					

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.....
Signature of Student Embalmer

Signed *Frank D. D. Witt*.....

Licensed Embalmer No. *36*.....

P. O. Address *Moore*.....

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.