

FILED AUG 17 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26306**  
**3325**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

|   |                           |  |  |
|---|---------------------------|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>   |                           | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>   |  |
| b. CITY OR TOWN <u>Kansas City</u><br><small>(If outside corporate limits, write "RURAL" and give township)</small> |                           | c. CITY OR TOWN <u>Kansas City</u><br><small>d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></small> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sherman Hotel #444</u>   |                           | 13. STREET ADDRESS (If rural, give location) <u>Sherman Hotel Room 444</u>   |  |
| 3. NAME OF DECEASED<br>a. (First) <u>Martin</u> b. (Middle) _____ c. (Last) <u>McDonald</u>                         |                           | 4. DATE OF DEATH (Month) (Day) (Year) <u>8-1-55</u>  |  |
| 5. SEX <u>Male</u>  | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>  | 8. DATE OF BIRTH <u>May 19, 1866</u>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Insurance Agent</u>  |                           | 10b. KIND OF BUSINESS OR INDUSTRY <u>Insurance</u>   | 9. AGE (In years last birthday) <u>89</u><br>IF UNDER 1 YEAR Months _____ Days _____<br>IF UNDER 1 HRS. Hours _____ Min. _____ |
| 11. BIRTHPLACE (City and State or Foreign Country) <u>Georgia, Ill.</u>   |                           | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>   |  |
| 13a. FATHER'S NAME <u>Martin McDonald</u>   |                           | 13b. MOTHER'S MAIDEN NAME <u>Moore</u>   |  |
| 14. NAME OF HUSBAND OR WIFE _____   |                           | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>   |  |
| 16. SOCIAL SECURITY NO. _____   |                           | 17. INFORMANT'S SIGNATURE OR NAME <u>Jackson County Coroner K.C. Mo.</u> ADDRESS _____   |  |

|   |   |             |                                  |
|---|---|-------------|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><small>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</small> | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease?</u>   |             | INTERVAL BETWEEN ONSET AND DEATH |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |             |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |   | <u>None</u> |                                  |

|   |  |  |
|---|--|--|
| 19a. DATE OF OPERATION _____                            | 19b. MAJOR FINDINGS OF OPERATION <u>Fast Refused</u>   | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>natural</u> | 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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

|   |   |  |
|---|---|--|
| 23a. SIGNATURE <u>High H. OWENS</u> (Degree or title)             | 23b. ADDRESS <u>1034 Park Bldg</u>  | 23c. DATE SIGNED <u>8-2-55</u>           |
| 24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Removed</u>       | 24b. DATE <u>8/2/55</u>   | 24c. NAME OF CEMETERY OR CREMATORY _____ |
| 24d. LOCATION (City, town, or county) (State) <u>Perkin, Ill.</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>K.C. Mo.</u> |  |
| DATE REC'D BY LOCAL REG. <u>8-2-55</u>                            | REGISTRAR'S SIGNATURE <u>newa minshall</u>                                  |  |

(Licensed Embalmer's Statement on Reverse Side)

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.....  
*Bev B. Foster*

Licensed Embalmer No. *47*

P. O. Address *KCM*

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