

FILED DEC 5 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36030**

| | | | | |
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| BIRTH NO. _____ | | REG. DIST. NO. 42 | PRIMARY REG. DIST. NO. 1000 | Registrar's No. 1254 |
| 1. PLACE OF DEATH a. COUNTY Buchanan | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph | | c. LENGTH OF STAY (in this place) life | c. CITY OR TOWN St. Joseph | 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 Memorial Home 1120 Main St. | | e. STREET ADDRESS (If rural, give location) 1120 Main St. | | |
| 3. NAME OF DECEASED (Type or Print) ROBERT | | a. (First) ROBERT | b. (Middle) WILSON | c. (Last) MC DONALD |
| 4. DATE OF DEATH November 22, 1955 | | 4. DATE OF DEATH (Month) (Day) (Year) | | |
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed | 8. DATE OF BIRTH October 28, 1866 | 9. AGE (In years last birthday) 89 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. treasurer | | 10b. KIND OF BUSINESS OR INDUSTRY Manufacturing Co. | 11. BIRTHPLACE (City and State or Foreign Country) St. Joseph, Mo. | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13a. FATHER'S NAME Rufus L. McDonald | | 13b. MOTHER'S MAIDEN NAME Mary Wilson | 14. NAME OF HUSBAND OR WIFE Kathryn H. | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. none | 17. INFORMANT'S SIGNATURE OR NAME Memorial Home Record, 1120 Main, St. Joseph, 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) General arteriosclerosis with thrombosis ANTECEDENT CAUSES Arteriosclerosis, general 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. 332x | | INTERVAL BETWEEN ONSET AND DEATH 5 days |
| 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 Dec 13, 1949 , to Nov 22, 1955 , that I last saw the deceased alive on Nov 22, 1955 , and that death occurred at 9:40 a. m. , from the causes and on the date stated above. | | | | |
| 23a. SIGNATURE L. P. Larson | | (Degree or title) M.D. | 23b. ADDRESS St. Joseph Mo | 23c. DATE SIGNED 11-22-55 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | 24b. DATE 11/25/1955 | 24c. NAME OF CEMETERY OR CREMATORY Mt. Mora Cemetery | 24d. LOCATION (City, town, or county) St. Joseph Missouri | (State) _____ |
| DATE REC'D BY LOCAL REG. Nov. 29, 1955 | REGISTRAR'S SIGNATURE Toether M. Allison | 485 | 25. FUNERAL DIRECTOR'S SIGNATURE Hester Bowman | ADDRESS St. Joseph Mo |

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..... Eugene Wood

Licensed Embalmer No. 380

P. O. Address 319 S 10th

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.