

FILED FEB 14 1956

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

2010

State File No.

BIRTH NO.		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>46</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.)			
a. COUNTY <u>Marion</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Marion</u>	
c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>		d. STREET ADDRESS (If rural, give location) <u>2113 Spruce St</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Elizabeth</u>				d. STREET ADDRESS (If rural, give location) <u>2113 Spruce St</u>			
3. NAME OF DECEASED			4. DATE OF DEATH			5. SEX	
a. (First) <u>HOWARD</u>	b. (Middle)	c. (Last) <u>MCDONALD</u>	Month <u>2</u>	Day <u>4</u>	Year <u>56</u>	Male	Negro
(Type or Print)							
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH	
						<u>Sept. 15 - 1915</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Louisiana, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U</u>	
13a. FATHER'S NAME <u>John McDonald</u>		13b. MOTHER'S MAIDEN NAME <u>Katherine Vance</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)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lillian McDonald, 2113 Spruce</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u>				<u>7 days</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				DUE TO (b) <u>Hypertension & Diabetes</u>	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c)	
		DUE TO (c)				DUE TO (c)	
		II. OTHER SIGNIFICANT CONDITIONS				DUE TO (c)	
		Conditions contributing to the death but not related to the disease or condition causing death.				DUE TO (c)	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
						<u>443X</u>	
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>2-1-56</u> , 19 <u> </u> , to <u>2-4-56</u> , 19 <u> </u> , that I last saw the deceased alive on <u>2-4-56</u> , 19 <u> </u> , and that death occurred at <u>12:30 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>100 N. Sixth, Hannibal, Mo.</u>		23c. DATE SIGNED <u>2-6-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Feb. 7, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rever View</u>		24d. LOCATION (City, town, or county) (State) <u>Louisiana, MO</u>	
DATE REC'D BY LOCAL REG. <u>2-7-56</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Esau E. Robert Hannibal</u>			

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED FEB 8 1956
MARION CO. HEALTH DEPT.,
DATE FILED FEB 8 1956

MAY 11 1956

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 _____

Edmund Robinson

Student Embalmer No. 524

working under my personal supervision.

Student

Edmund E. Robinson
Student Embalmer

Signed

Geo E. Roberts

Licensed Embalmer No. 2113

P. O. Address Nainubol m

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

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