

FILED JUN 15 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16949

STATE FILE NUMBER

Registration District No. 383 Primary Registration District No. 5658 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>										
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Vineyard</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Stotts City 6550</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Stotts City, Mo.</u>			Length of stay in lb <u>15 years</u>		d. STREET ADDRESS (If outside, give location) <u>3 1/2 mi. E. Stotts City</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
3. NAME OF DECEASED (Type or print) First Middle Last <u>Stewart - Augustus McDonald</u>				4. DATE OF DEATH Month Day Year <u>May - 28 - 1956</u>										
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>JUNE 11 - 1870</u>		9. AGE (In years last birthday) <u>85</u>		IF UNDER 1 YEAR Month Days Hours Min. <u>6</u>		IF UNDER 24 HRS.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and state or country) <u>Aurora Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				
13. FATHER'S NAME <u>Joseph McDonald</u>						14. MOTHER'S MAIDEN NAME <u>Catherine McKinley (Deceased)</u>								
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. <u>None</u>		17. INFORMANT Address <u>Mrs. William Fiske, Stotts City, Mo.</u>								
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Pulmonary Congestion</u> <u>Influenza</u> Conditions, if any, which gave rise to above cause: (a), stating the underlying cause last. DUE TO (b) DUE TO (c)										INTERVAL BETWEEN ONSET AND DEATH <u>11 days</u> <u>30 days</u>				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)										19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
20a. ACCIDENT - SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>481X</u>											
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.														
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION			COUNTY			STATE		
21. I attended the deceased from <u>June 28 - 56</u> to <u>May 28 - 56</u> and last saw her alive on <u>May 17 - 56</u> Death occurred at <u>Home</u> on the date stated above; and to the best of my knowledge, from the causes stated.														
22a. SIGNATURE <u>R. R. Holmes</u> (Degree or title)				22b. ADDRESS <u>Mt Vernon Mo</u>				22c. DATE SIGNED <u>5-29-56</u>						
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY				23d. LOCATION (City, town, or county) (State)						
<u>Burial</u>		<u>May 30 - 1956</u>		<u>Tion Cemetery</u>				<u>3 1/2 mi S.E. Mt Vernon, Mo</u>						
24. FUNERAL DIRECTOR ADDRESS <u>J. C. Casati, Mt Vernon Mo</u>						25. DATE RECD. BY LOCAL REG. <u>May 30, 1956</u>		26. REGISTRAR'S SIGNATURE <u>Cecil Hendricks</u>						

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be causally related. Coroner cannot certify to death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by *me*, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *G. W. Fessett*

Licensed Embalmer No.....

P. O. Address..... *Mt. Vernon*

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.