

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21395

State File No. _____

FILED JUL 12 1956

BIRTH NO. _____ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5900 Registrar's No. 120

1. PLACE OF DEATH a. COUNTY <u>Deming</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Deming</u>	
b. CITY OR TOWN <u>Deering</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Deering</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		e. STREET ADDRESS (If rural, give location) <u>0780</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Carolin</u> b. (Middle) <u>McDonald</u> c. (Last) <u>McDonald</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>6-12-56</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>4-26-1945</u>	9. AGE (In years last birthday) <u>11</u> IF UNDER 1 YEAR: Months <u>1</u> Days <u>16</u> IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, if retired) <u>Student</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Deering Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>J.B. McDonald</u>	13b. MOTHER'S MAIDEN NAME <u>Louis Young</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>J.B. McDonald</u> ADDRESS <u>Deering Mo</u>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Struck by Lightning</u>	ANTECEDENT CAUSES (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) <u>9351</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>3</u>	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>farm</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Deering Deming Mo</u>
21d. TIME OF INJURY <u>6-12-56 4:22 P.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Chopping Cotton when Struck</u>

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, and that death occurred at 4:22 P.M., from the causes and on the date stated above.

25a. SIGNATURE <u>John St. German</u> (Degree or title) <u>Corned</u>	23b. ADDRESS <u>Hayti, Mo</u>	23c. DATE SIGNED <u>6-13-56</u>
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-14-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maple</u>
	24d. LOCATION (City, town, or county) (State) <u>Cassville Mo</u>	

DATE REC'D BY LOCAL REG. <u>6-19-56</u>	REGISTRAR'S SIGNATURE <u>John St. German</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Gerron Wendt C. Steele</u> ADDRESS <u>Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

406

7-173-56

JUL 11 1956

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

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 *John A. German*

Licensed Embalmer No. *4350*
P. O. Address *Wayti, Mo.*

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.