

FILED AUG 8 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25801

STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 65

1. PLACE OF DEATH <i>Wooda State Hosp #03</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <i>Vernon</i>		a. STATE <i>Missouri</i> b. COUNTY <i>James Co.</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Washington</i>		c. CITY OR TOWN <i>Carthage 8493</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Wooda State Hosp #03</i>		d. STREET ADDRESS (If outside, give location) <i>507 Allen St.</i>	
Length of stay in lb <i>45-5-29</i>		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <i>Sarah J. McDonald</i>			4. DATE OF DEATH <i>7-30-56</i>			
5. SEX <i>Fe</i>			6. COLOR OR RACE <i>W</i>			
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>			8. DATE OF BIRTH <i>3-1-1871</i>			
9. AGE (In years last birthday) <i>85</i>			10. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <i>Sullivan Co Ind. 1</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		13. FATHER'S NAME <i>George Smith</i>	
14. MOTHER'S MAIDEN NAME <i>Sarah Jane Smith</i>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>			
16. SOCIAL SECURITY NO. <i>new</i>			17. INFORMANT <i>Adam Parker</i>			

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Vessel Disease</i>		<i>yes</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Atherosclerotic Sclerosis</i>		<i>yes</i>	
DUE TO (c) <i>Involution Psychosis</i>		<i>yes</i>	
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 <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	

21. I attended the deceased from <i>4-25-55</i> to <i>7-30-56</i> and last saw her ^{her} alive on <i>7-30-56</i>		Death occurred at <i>11:58 A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <i>Edmund Knell, M.D.</i>		22b. ADDRESS <i>Wooda Over</i>	
22c. DATE SIGNED <i>7-30-56</i>			

23a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>		23b. DATE <i>8-1-56</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Dudman Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Carthage, Mo</i>	
24. FUNERAL DIRECTOR <i>Knell Mortuary</i>		ADDRESS <i>Carthage Mo</i>		25. DATE RECD. BY LOCAL REG. <i>8-1-1956</i>		26. REGISTRAR'S SIGNATURE <i>Arnold E. Ferry</i>	

(Licensed Embalmer's Statement on Reverse Side)

Health,
Welfare
Public
Service300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

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

Student.....
Signature of Student Embalmer

Signed..... *Frank W. Knell*

Licensed Embalmer No... *445*

P. O. Address... *Carthage*

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.