

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **25995**

FILED SEP 4 1956

Registrar's No. **271**

BIRTH NO. _____ REG. DIST. NO. **38** PRIMARY REG. DIST. NO. **3006**

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia		c. CITY OR TOWN Gideon Mo	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) 8 Days		e. STREET ADDRESS (If rural, give location) 0721	
d. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Thomas c. (Last) McDonald			4. DATE OF DEATH (Month) (Day) (Year) Aug 24 56		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 11-28-1913	9. AGE (In years last birthday) 42	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farm haberer	11. BIRTHPLACE (City and State or Foreign Country) Alabama		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Mc Donald	13b. MOTHER'S MAIDEN NAME —	14. NAME OF HUSBAND OR WIFE Vera Mc Donald
--	------------------------------------	---

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. 421-16-3882	17. INFORMANT'S SIGNATURE OR NAME ADDRESS HOSPITAL RECORD, Columbia Mo
---	--	---

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) Shock & Pulmonary edema		DUE TO (b) intestinal obstruction		12 hrs
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) intestinal fistula		12 hrs
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) Severe Mal nutrition				

19a. DATE OF OPERATION 8-23-56	19b. MAJOR FINDINGS OF OPERATION Multiple intestinal fistula & obstruction	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) 578X
--	---	---

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 **7-16**, 19**56**, to **8-24**, 19**56**, that I last saw the deceased alive on **8-24**, 19**56** and that death occurred at **2:35 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Clifton A. Smith M.D.	23b. ADDRESS Univ. of Missouri Hospital	23c. DATE SIGNED 8-24-56
---	--	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 8-25-1956	24c. NAME OF CEMETERY OR CREMATORY —	24d. LOCATION (City, town, or county) (State) Gideon, Missouri
--	----------------------------	---	---

DATE REC'D BY LOCAL REG. Aug 25 1956	REGISTRAR'S SIGNATURE Miss R E Palmer	25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Parsons Funeral Service Columbia Mo
---	--	--

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

3-1-0

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 *Charles L. Lanning*
Licensed Embalmer No. *4132*

P. O. Address *Shenandoah*

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.