

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27521

State File No. _____

FILED AUG 27 1956

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

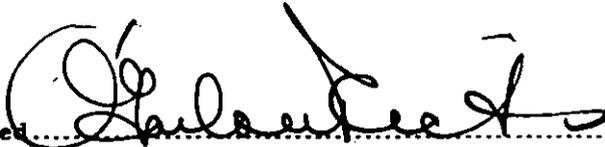
BIRTH NO. _____		REG. DIST. NO. <u>181</u>		PRIMARY REG. DIST. NO. <u>5675</u>		Registrar's No. <u>22</u>	
1. PLACE OF DEATH a. COUNTY <u>LINCOLN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LINCOLN</u>			
b. CITY OR TOWN <u>HURRICANE</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Elsberry</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 <u>N.W. of Els - 4 MILES</u>				f. STREET ADDRESS (If rural, give location) <u>4 MI. N.W. of Elsberry</u> 2570			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>LULA</u>		b. (Middle) <u>ANN</u>		c. (Last) <u>Mc DONALD</u>	
4. DATE OF DEATH		Month <u>JULY</u>		Day <u>27</u>		Year <u>1956</u>	
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>JULY 19, 1888</u>	
9. AGE (In years last birthday) <u>68</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____			
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>PLEASANT HILL, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>JOHN BARNES</u>		13b. MOTHER'S MAIDEN NAME <u>JULIA SPRINGER</u>		14. NAME OF HUSBAND OR WIFE <u>ALFRED Mc DONALD</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>HAZEL Mc DONALD - ELSBERRY, Mo.</u> ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>					
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hypertension</u>					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>May 19, 1956</u> to <u>July 22, 1956</u> , that I last saw the deceased alive on <u>June 30, 1956</u> , and that death occurred at <u>5:29 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Hazel M. Donald</u> (Degree or title) <u>2</u>				23b. ADDRESS <u>Chapman Mo.</u>		23c. DATE SIGNED <u>July 29, 1956</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JULY 29, 56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CITY CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>ELSBERRY, MO</u>	
DATE REC'D BY LOCAL REG. <u>8/22/56</u>		REGISTRAR'S SIGNATURE <u>Mrs. Clarence Kinty</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Glendon</u> ADDRESS <u>Elsberry, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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..... 

Licensed Embalmer No. 4017

P. O. Address Elaberry, N

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.