

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41038**

FILED DEC 9 - 1957

BIRTH NO. _____ REG. DIST. NO. **179** PRIMARY REG. DIST. NO. **5672** Registrar's No. **44**

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before aduption). a. STATE Missouri b. COUNTY Lincoln	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - BurrOak Twnshp.	c. LENGTH OF STAY (in this place) three yrs.	c. CITY OR TOWN Winfield - RFD	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 4 miles west of Winfield		e. STREET ADDRESS 4 miles west of Winfield	

3. NAME OF DECEASED (Type or Print)	a. (First) LINDA	b. (Middle) JOAN	c. (Last) McDONALD	4. DATE OF DEATH (Month) (Day) (Year) November 25, 1957
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH August 12, 1951	9. AGE (In years last birthday) 6	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) student - first gr	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Louisiana, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME Norman McDonald	13b. MOTHER'S MAIDEN NAME Mary Elizabeth Vaughn	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Norman McDonald - Winfield, Mo.	ADDRESS
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Encephalitis		36 hrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute Influenza		1 month
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		481X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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) m.	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 **Dec 18, 1954** to **Nov 25, 1957** that I last saw the deceased alive on **Nov 25, 1957** and that death occurred at **9:45 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Frank L. Sutton M.D.	23b. ADDRESS Winfield, Mo.	23c. DATE SIGNED 11/28/57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-27-57	24c. NAME OF CEMETERY New Salem	24d. LOCATION (City, town, or county) (State) RFD-Winfield, Mo.
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DATE REC'D BY LOCAL HEALTH DEPT. DEC - 9 1957	REGISTRAR'S SIGNATURE Walter S. Schoenber	25. FUNERAL DIRECTOR'S SIGNATURE Ricks Funeral Home	ADDRESS Els berry, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

550

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. 4012

P. O. Address E. Berry

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.