

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017865
State File No. 556
Registrar's No. 556

FILED JUN 9 1958

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000

1. PLACE OF DEATH a. COUNTY GYEENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY WEBSTER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FOYDLAND	
c. LENGTH OF STAY (In this place) 2 DAYS		d. STREET ADDRESS (If rural, give location) 1120	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST JOHNS HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) LUTHER b. (Middle) WILLIAM c. (Last) MCDONALD			4. DATE OF DEATH (Month) (Day) (Year) MAY 28 1958		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2	
8. DATE OF BIRTH DEC 14-1880			9. AGE (In years last birthday) 77		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MOISSOURI	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME MAYNOR MCDONALD		13b. MOTHER'S MAIDEN NAME ADALINE MORRIS		14. NAME OF HUSBAND OR WIFE DECEASED	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 499-19-6350		17. INFORMANT'S SIGNATURE OR NAME Hastene Cornelison Foydland Mo	
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) right lower lobe of lung pulmonary infarction (thromboses of pulmonary vein)		INTERVAL BETWEEN ONSET AND DEATH 15 days	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) arteriosclerotic heart disease		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		5 days unknown	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 4200		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	

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?	
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22. I hereby certify that I attended the deceased from **27 May**, 19**58**, to **28 May**, 19**58**, that I last saw the deceased alive on **28 May**, 19**58**, and that death occurred at **6 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE Francis M Maple (Degree or title) MD		23b. ADDRESS Springfield, Mo		23c. DATE SIGNED 3 June 1958	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JUNE 1, 1958		24c. NAME OF CEMETERY OR CREMATORY FOYDLAND CEMETERY	
24d. LOCATION (City, town, or county) (State) FOYDLAND MISSOURI		25. FUNERAL DIRECTOR'S SIGNATURE Kelley-Feyrell-CONNER ADDRESS FOYDLAND, MO			

DATE REC'D BY LOCAL REG. 6-4-58		REGISTRARS SIGNATURE Effie G. Merton	
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Ray G. Farrell

Signed.....

Student Embalmer

Licensed Embalmer No.

4847

P. O. Address

Windsfield, 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 this body is not embalmed, fact should be so stated above.