

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-045221
STATE FILE NUMBER

FILED JAN 5 1958 Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 279

1. PLACE OF DEATH a. COUNTY Randolph			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Randolph		
b. CITY (If outside corporate limits, give TOWNSHIP only) Moberly		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Moberly		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 214 Hagood St.		Length of stay in lb 72 Yrs	d. STREET ADDRESS (If outside, give location) 214 Hagood		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First AUSTIN Middle BRUCE Last MC DONALD			4. DATE OF DEATH Month DEC. Day 20 Year 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 9, 1885		9. AGE (In years last birthday) 73
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Transfer & Storage business		10b. KIND OF BUSINESS OR INDUSTRY Transfer & Storage business		11. BIRTHPLACE (City and state or country) North Platte, Nebr.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Patrick Mc Donald		13b. MOTHER'S MAIDEN NAME Alice Ferguson	
14. NAME OF HUSBAND OR WIFE Hazel Mc Donald		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. A. B. Mc Donald		Address Moberly			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MYOCARDIAL INFARCTION					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ARTERIO SCLEROTIC CORONARY OCCLUSION					48 HRS
DUE TO (c) 4201F					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1) FRACTURE SKULL BASILAR 2) FRACTURE FEMUR LEFT SOB CAPITAL 3) FRACTURE HUMERUS L. SURGICAL NECK 4) PROSTATE HYPERPLASIA					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) FELL DOWN BASEMENT STEPS IN HIS HOME.			
20c. TIME OF INJURY Hour 10 Month NOV Day 1 Year 1958 a.m. p.m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HOME		20f. CITY, TOWN, OR LOCATION MOBERLY RANDOLPH MISSOURI	
21. I attended the deceased from Death occurred at NOV. 1 1958 to DEC 20, 1958 and last saw him alive on DEC 20, 1958 10:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Clarence C. Epps MD</i>		(Degree or title) MD		22b. ADDRESS <i>Moberly, Mo</i>	
22c. DATE SIGNED Dec 22 1958					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Dec. 23, 1958		23c. NAME OF CEMETERY OR CREMATORY Oakland	
23d. LOCATION (City, town, or county) Moberly		23e. STATE Missouri			
24. FUNERAL DIRECTOR Mahan Funeral Service		ADDRESS Moberly		25. DATE RECD. BY LOCAL REG. 12-23-58	
26. REGISTRAR'S SIGNATURE <i>Seaborn</i>					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

FEB 26 1959

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 *John A. Green*

Licensed Embalmer No. *3815*

P. O. Address *Maple St 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.