

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005176
STATE FILE NUMBER

FILED MAR 2 1959

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 192

300
1-57

1. PLACE OF DEATH a. COUNTY Greene			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION OZARK OSTEOPATHIC		Length of stay in lb 26 days	d. STREET ADDRESS (If outside, give location) 1929 Kensington		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Isabell Middle ----- Last MacDonald			4. DATE OF DEATH Month February Day 22 Year 1959		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 25, 1868	9. AGE (In years) 90	IF UNDER 1 YEAR Months 9 Days 27
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and state or country) Mercer Marshall County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Jerome Drake		13b. MOTHER'S MAIDEN NAME Harriet Irving		14. NAME OF HUSBAND OR WIFE E. A. MacDonald	
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. none	17. INFORMANT Address Edwin Mac Donald Buffalo, Missouri		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shock caused by acute pulmonary embolism Post surgical reduction of a fracture of the neck of the left femur with left iliac Phelbothrombosis.					INTERVAL BETWEEN ONSET AND DEATH Five Hours
DUE TO (b) of the left femur with left iliac Phelbothrombosis.					25 days
DUE TO (c) Traumatic fracture of neck of left femur					26 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cardiac Decompensation (Cor Pulmonale)					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 on floor and blacked out."		
20c. TIME OF INJURY Hour 3:00 Month Jan. Day 28 Year 1959					
20d. INJURY OCCURRED WHILE AT <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.) Rest Home	20f. CITY, TOWN, OR LOCATION Bolivar,	COUNTY Polk,	STATE Missouri
21. I attended the deceased from January 28, 1959 , to February 22 and last saw her alive on February 22, 1959 Death occurred at 4:50 P. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Edward E. Wetzel DO			22b. ADDRESS Springfield, Mo.		22c. DATE SIGNED 2/22/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb. 25, 1959	23c. NAME OF CEMETERY OR CREMATORY Ravanna Cemetery	23d. LOCATION (City, town, or county) Ravanna, Missouri		
24. FUNERAL DIRECTOR Montgomery Funeral Home Buffalo, Mo		25. DATE RECD. BY LOCAL REG. 2-25-59	26. REGISTRAR'S SIGNATURE Effie E. Melton		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 byVernon H. Viets....., Student Embalmer No. 565..... working under my personal supervision.

Student*Vernon H. Viets*.....
Signature of Student Embalmer

Signed*Clyde Montgomery*.....
Licensed Embalmer No. 3592.....
P. O. Address.....Buffalo, Missouri.....

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.