Health, Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-008687
STATE FILE NUMBER

FILED MAR 25 1959 Registration District No. 59 Primary Registration District No. Registrar's No. 55

1. PLACE OF DEATH
a. COUNTY Cass
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Pleasant Hill — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 206 N. Boardman — Length of stay in 1b 4 yr.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Cass
c. CITY OR TOWN Pleasant Hill 0190 0 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 206 N. Boardman — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Warren Middle Arthur Last MacDonald
4. DATE OF DEATH Month 60 Day Mar. 13, Year 1959

5. SEX M C
6. COLOR OR RACE W
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH Oct. 31, 1898
9. AGE (In years last birthday) 60 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Linotype operator
10b. KIND OF BUSINESS OR INDUSTRY Printing
11. BIRTHPLACE (City and state or country) Kansas City, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Werter Arthur MacDonald
13b. MOTHER'S MAIDEN NAME Mary Belle Barr
14. NAME OF HUSBAND OR WIFE Amelia MacDonald

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) ------
16. SOCIAL SECURITY NO. 500-14-2053
17. INFORMANT Mrs. Amelia MacDonald Address Pleasant Hill, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute myocardial failure — INTERVAL BETWEEN ONSET AND DEATH 1 hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Bronchiogenic carcinoma Rt lung. — 6 mo
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1621
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Nov 5, 58, to Mar 13 '59 and last saw her/him alive on 13 Mar 1959
Death occurred at 10 44 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) A W Eklund MD
22b. ADDRESS Pleasant Hill, Mo
22c. DATE SIGNED 15 Mar 59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 3/16/59
23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cem.
23d. LOCATION (City, town, or county) (State) Kansas City, Missouri

24. FUNERAL DIRECTOR Brownfield-Stanley ADDRESS Pleasant Hill, Mo.
25. DATE RECD. BY LOCAL REG. 3-16-59
26. REGISTRAR'S SIGNATURE Mrs Ray Sebree

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

HEALTH DEPARTMENT

VS MAR 21 1960

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 Raymond R. Stanley

Licensed Embalmer No. 5008

P. O. Address Pleasant Hill

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.