

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012631

STATE FILE NUMBER

FILED MAY 7 1959

Registration District No. 59 Primary Registration District No.

Registrar's No. 78

300
-57

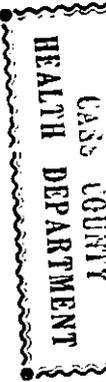
1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cass	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Pleasant Hill		c. CITY OR TOWN Pleasant Hill	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 103 N. Myrtle		d. STREET ADDRESS (If outside, give location) 103 N. Myrtle	
3. NAME OF DECEASED (Type or print) First Middle Last Jesse Lee McDonald		4. DATE OF DEATH Month Day Year April 22, 1959	
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 20, 1886
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) contractor		11. BIRTHPLACE (City and state or country) Henry County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Cash McDonald		13b. MOTHER'S MAIDEN NAME Elizabeth Morris	14. NAME OF HUSBAND OR WIFE Mrs. Pearl McDonald
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. 488-36-8954	17. INFORMANT Address Mrs. Pearl McDonald Pleasant Hill, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute coronary occlusion</u>			INTERVAL BETWEEN ONSET AND DEATH 15 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Recurrent cerebrovasc. accidents</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 1201	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <u>1-18-49</u> to <u>4-22-59</u> and last saw him alive on <u>4-22-59</u> Death occurred at <u>6:30 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Clare Blend MD</u>		22b. ADDRESS <u>Pleasant Hill, Mo</u>	
		22c. DATE SIGNED <u>4-24-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 4/25/59	
23c. NAME OF CEMETERY OR CREMATORY Pleasant Hill Cem.		23d. LOCATION (City, town, or county) (State) Pleasant Hill, Missouri	
24. FUNERAL DIRECTOR Bronfield-Stanley		25. DATE RECD. BY LOCAL REG. 5-3-1959	
ADDRESS Pleasant Hill, Mo		26. REGISTRAR'S SIGNATURE <u>Miss Ray Schaefer</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Raymond D. 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.