

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-040878

FILED VS NOV 30 1959

STATE FILE NUMBER

Registration District No. 184 Primary Registration District No. 3038 Registrar's No. 130

RENDERED

1. PLACE OF DEATH a. COUNTY LINN				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Chariton					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Brookfield		Length of stay in lb 2 days		c. CITY OR TOWN Sumner		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION McHarney			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Viola Middle McDonald Last McDonald				4. DATE OF DEATH Month Nov Day 20 Year 59					
5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 3/2/54 1882	9. AGE (last birth day) 77	IF UNDER 1 YEAR Months 8 Days 18	IF UNDER 24 HR Hours Min. 		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H wife			10b. KIND OF BUSINESS OR INDUSTRY House work		11. BIRTHPLACE (City and state or country) Habe MO		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME John A O'Neil			13b. MOTHER'S MAIDEN NAME Elizabeth Davidson			14. NAME OF HUSBAND OR WIFE Mrs Marion O'Neil Grandview Mo			
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. <input checked="" type="checkbox"/>		17. INFORMANT Mrs Marion O'Neil Grandview 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) Stroke							INTERVAL BETWEEN ONSET AND DEATH 3 days		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) Cerebral arteriosclerosis				DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Malnutrition						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input 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.)					
20c. TIME OF INJURY Hour a.m. p.m. 		Month, Day, Year 		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 Nov 11 1959 to Nov 11 1959 and last saw ^{her} him live on 11-20-59 Death occurred at 11 A m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE B D Howell (Degree or title) M.D.				22b. ADDRESS Brookfield Mo			22c. DATE SIGNED 11-20-59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-22-59	23c. NAME OF CEMETERY OR CREMATORY hakeside		23d. LOCATION (City, town, or county) (State) Sumner MO				
24. FUNERAL DIRECTOR S. L. Heipard ADDRESS Mendon MO				25. DATE RECD. BY LOCAL REG. 11-22-59		26. REGISTRAR'S SIGNATURE Katharine Johnson dep			

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 S. D. Ripard

Licensed Embalmer No. 3970

P. O. Address Mendon M

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.