IRI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

LED VS APR 4 1960

60-009985

STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 3 93

NDED

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph — Length of stay in 1b: 37 years.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 518 N. 19th St. — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Buchanan
c. CITY OR TOWN St. Joseph — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 518 N. 19th St. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First ~~Milard~~ Millard Middle Fillmore Last McDonald
4. DATE OF DEATH Month March Day 24 Year 1960
5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH Mar. 3, 1873
9. AGE (last birthday) 87 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Track Forman
10b. KIND OF BUSINESS OR INDUSTRY C.B.& Q RR.
11. BIRTHPLACE (City and state or country) Council Bluffs, Iowa.
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Allen R. McDonald
13b. MOTHER'S MAIDEN NAME Clara Preston
14. NAME OF HUSBAND OR WIFE Mary Frances McDonald
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. none
17. INFORMANT R. A. McDonald Address St. Joseph, 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) Natural Causes - Unattended Death
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) investigated by City Health Dept.
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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 ____ to ____ and last saw her/him alive on ____
Death occurred at 12:05 A. m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE City Health Officer Robert W. Kieber, M.D.
22b. ADDRESS St. Joseph, Mo
22c. DATE SIGNED 3-25-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Mar. 26, 1960
23c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery
23d. LOCATION (City, town, or county) St. Joseph, Mo. (State)
24. FUNERAL DIRECTOR Meierhofer-Fleeman, Inc. ADDRESS St. Joseph, Mo.
25. DATE RECD. BY LOCAL REG. Mar. 28, 1960
26. REGISTRAR'S SIGNATURE Mrs. Clark Kendall

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF informant

R.W. Kieber M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed b

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 52 58

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to c 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.