

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-010355

FILLED VS MAR 21 1960

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 98

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Cole				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cole				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City		Length of stay in 1b		c. CITY OR TOWN Jefferson 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 St Marys Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 312 Clay Str		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last DAVID JOSEPH MC DONALD				4. DATE OF DEATH Month Day Year MARCH 16, 1960				
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 9/18/82	9. AGE (last birthday) 77	IF UNDER 1 YEAR Months 5 Days 28	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Highway Dept (Retired)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Sioux City, Iowa		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Lawrence Mc Donald			13b. MOTHER'S MAIDEN NAME Mary Williams			14. NAME OF HUSBAND OR WIFE Rose Breslin		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes War I			16. SOCIAL SECURITY NO.		17. INFORMANT Address Mrs. Rose Mc Donald J C 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) <i>Carcinomatous - Primary Stomach</i>							INTERVAL BETWEEN ONSET AND DEATH <i>8 mo</i>	
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)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N- <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 August 1959 to Mar. 17, 1960 and last saw her/him alive on Mar 16, 1960 Death occurred at 6 A m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <i>L B Kleber MD</i>				22b. ADDRESS <i>Jefferson City, Mo</i>			22c. DATE SIGNED <i>3-18-60</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3/19/60	23c. NAME OF CEMETERY OR CREMATORY Resurrection		23d. LOCATION (City, town, or county) (State) Jefferson City, Mo.				
24. FUNERAL DIRECTOR ADDRESS <i>Hymanster Diller J C Mo</i>				25. DATE RECD. BY LOCAL REG. 18 March 1960		26. REGISTRAR'S SIGNATURE <i>R R Norris, MD - Michler</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS MAR 24 1960

**STATEMENT BY LICENSED EMBALMER**

MAR 28 1960

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

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

*Sylvester Dull*

Licensed Embalmer No. 432

P. O. Address *Jefferson*

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.