

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-032538

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 926

AMENDED

**FILED OCT 9 1961**

1. PLACE OF DEATH  
a. COUNTY Greene

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield Length of stay in 1b 3 days

c. CITY OR TOWN Gainesville Inside Limits Yes  No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Burge-Rrostestant Inside Limits Yes  No

d. STREET ADDRESS (If outside, give location) High Street Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Alva Middle Dean Last McDonald

4. DATE OF DEATH Month 10- Day 1 Year 1961

5. SEX Male 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 8-14-95 9. AGE (last birthday) 66

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) Retired Merchant 10b. KIND OF BUSINESS OR INDUSTRY Grocery Store 11. BIRTHPLACE (City and state or country) Gainesville, Mo. 12. CITIZEN OF WHAT COUNTRY U.S. A.

13a. FATHER'S NAME Geo. McDonald 13b. MOTHER'S MAIDEN NAME Julia J. Early 14. NAME OF HUSBAND OR WIFE Delphia McDonald

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 17. INFORMANT Address Delphia McDonald, Gainesville, 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) Acute cardiac decompensation secondary to cancer of esophagus  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 10 Mo  
DUE TO (b) 10 Mo  
DUE TO (c) 10 Mo  
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 1/31/61 to \_\_\_\_\_ and last saw him alive on 10/1/61  
Death occurred at 5 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Chas. Lohhart MD (Degree or title) 22b. ADDRESS Springfield Mo 22c. DATE SIGNED 10/3/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 10-3-1961 23c. NAME OF CEMETERY OR CREMATOR Gainesville City 23d. LOCATION (City, town, or county) (State) Gainesville, Missouri

24. FUNERAL DIRECTOR ADDRESS Clinkingbeard, Gainesville, Mo. 25. DATE RECD. BY LOCAL REG. 10-4-61 26. REGISTRAR'S SIGNATURE Effie S. Melton

DATE AMENDED  
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF  
ITEM NO. SHOULD READ

OCT 8 1961

**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 John R. Ware

Licensed Embalmer No. 4885

P. O. Address Gainville, N.

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.