MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-000977
STATE FILE NUMBER

AMENDED

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 24

FILED JAN 30 1962

1. PLACE OF DEATH
a. COUNTY Dunklin
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kennett
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Dunklin Co. Memorial
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Dunklin
c. CITY OR TOWN Kennett
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1002 Wayne St.
Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Lawrence Middle Vernon Last McDonald
4. DATE OF DEATH Month Jan. Day 12 Year 1962
5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 2/19/1894
9. AGE (last birthday) 67
IF UNDER 1 YEAR Months 10 Days 22
IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Automobile Mechanic
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Manchester, Ill.
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME William McDonald
13b. MOTHER'S MAIDEN NAME Mary Akers
14. NAME OF HUSBAND OR WIFE Anna 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. unknown
17. INFORMANT Anna McDonald, Address Kennett, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 12 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — 2½ years
DUE TO (c) Generalized Arteriosclerosis — Unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Emphysema, Gall Bladder Disease, Diverticulosis
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 Sept 1960 to Jan 12-1962 and last saw her/him alive on Jan 12-1962
Death occurred at approximately 7:30a.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Charles R. Cash (Degree or title)
22b. ADDRESS Kennett Mo
22c. DATE SIGNED 1/12/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 1/14/1962
23c. NAME OF CEMETERY OR CREMATORY Memorial Gardens
23d. LOCATION (City, town, or county) Kennett (State) Missouri
24. FUNERAL DIRECTOR McDaniel Funeral Ser. ADDRESS Kennett, Mo.
25. DATE RECD. BY LOCAL REG. Jan 25-1962
26. REGISTRAR'S SIGNATURE Earl Hutchens

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	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 Tommy L. Doherty

Licensed Embalmer No. 4886

P. O. Address Kennett, Mo

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.