

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-029816

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED AUG 8 1962
360
Primary Registration District No. 3076
Registrar's No. 141

VS 300
Rev. 4/59

1 1085

2 1080

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DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <p style="text-align: center; font-size: 18pt; font-weight: bold;">Vernon</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <p style="text-align: center; font-size: 18pt; font-weight: bold;">Missouri</p>		b. COUNTY <p style="text-align: center; font-size: 18pt; font-weight: bold;">Vernon</p>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <p style="text-align: center; font-size: 18pt; font-weight: bold;">Nevada</p>		Length of stay in 1b		c. CITY OR TOWN <p style="text-align: center; font-size: 18pt; font-weight: bold;">Nevada</p>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <p style="text-align: center; font-size: 18pt; font-weight: bold;">Nevada Hospital</p>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (if outside, give location) <p style="text-align: center; font-size: 18pt; font-weight: bold;">R#3</p>	
3. NAME OF DECEASED (Type or print) First Middle Last <p style="text-align: center; font-size: 18pt; font-weight: bold;">HARRY E. McDONALD</p>			4. DATE OF DEATH Month Day Year <p style="text-align: center; font-size: 18pt; font-weight: bold;">July 27 1962</p>		
5. SEX <p style="text-align: center; font-size: 18pt; font-weight: bold;">M</p>	6. COLOR OR RACE <p style="text-align: center; font-size: 18pt; font-weight: bold;">Wh</p>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <p style="text-align: center; font-size: 18pt; font-weight: bold;">5-28-1895</p>	9. AGE (last birthday) <p style="text-align: center; font-size: 18pt; font-weight: bold;">67</p>	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) <p style="text-align: center; font-size: 18pt; font-weight: bold;">Truck Driver-Farmer</p>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <p style="text-align: center; font-size: 18pt; font-weight: bold;">MoundCity, Missouri</p>	
12. CITIZEN OF WHAT COUNTRY <p style="text-align: center; font-size: 18pt; font-weight: bold;">USA</p>		13a. FATHER'S NAME <p style="text-align: center; font-size: 18pt; font-weight: bold;">John McDonald</p>		13b. MOTHER'S MAIDEN NAME <p style="text-align: center; font-size: 18pt; font-weight: bold;">Cynthia Casteel</p>	
14. NAME OF HUSBAND OR WIFE <p style="text-align: center; font-size: 18pt; font-weight: bold;">Minnie McDonald</p>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p style="text-align: center; font-size: 18pt; font-weight: bold;">No</p>		16. SOCIAL SECURITY NO.	
17. INFORMANT <p style="text-align: center; font-size: 18pt; font-weight: bold;">Mrs. Minnie McDonald</p>		Address <p style="text-align: center; font-size: 18pt; font-weight: bold;">Nevada, Missouri</p>		R#3	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <p style="text-align: center; font-size: 18pt; font-weight: bold;">Myocardial infarction, acute</p>					INTERVAL BETWEEN ONSET AND DEATH <p style="text-align: center; font-size: 18pt; font-weight: bold;">Sudden</p>
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"/> No <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 <p style="text-align: center; font-size: 18pt; font-weight: bold;">Jul 27, 1962</p> to <p style="text-align: center; font-size: 18pt; font-weight: bold;">Jul 27, 1962</p> and last saw ^{her} him alive on <p style="text-align: center; font-size: 18pt; font-weight: bold;">July 27, 1962</p> Death occurred at <p style="text-align: center; font-size: 18pt; font-weight: bold;">12:07 P.M.</p> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <p style="text-align: center; font-size: 24pt; font-weight: bold;"><i>James J. Pascoe, M.D.</i></p>			22b. ADDRESS <p style="text-align: center; font-size: 18pt; font-weight: bold;">Moore Building, Nevada, Mo.</p>		22c. DATE SIGNED <p style="text-align: center; font-size: 18pt; font-weight: bold;">7-31-62</p>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
<p style="text-align: center; font-size: 18pt; font-weight: bold;">Burial</p>	<p style="text-align: center; font-size: 18pt; font-weight: bold;">July 30, 1962</p>	<p style="text-align: center; font-size: 18pt; font-weight: bold;">Newton Burial Park</p>		<p style="text-align: center; font-size: 18pt; font-weight: bold;">Nevada, Missouri</p>	
24. FUNERAL DIRECTOR <p style="text-align: center; font-size: 18pt; font-weight: bold;">Ferry Funeral Home</p>		ADDRESS <p style="text-align: center; font-size: 18pt; font-weight: bold;">Nevada, Missouri</p>		25. DATE RECD. BY LOCAL REG. <p style="text-align: center; font-size: 18pt; font-weight: bold;">8-4-1962</p>	26. REGISTRAR'S SIGNATURE <p style="text-align: center; font-size: 24pt; font-weight: bold;"><i>Anna E. J. J. J.</i></p>

AUG 14 1962

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 L. Douglas Ferry

Licensed Embalmer No. 4966

P. O. Address Neenah, Wisconsin

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.