

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-017915

318 1003

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4101 STATE FILE NUMBER

FILED APR 17 1963

1. PLACE OF DEATH
 a. COUNTY Missouri b. COUNTY admission)
 c. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in 1b Inside Limits Yes No
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 5229 Maple Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 5229 Maple Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last Mattie McDonald
 4. DATE OF DEATH Month Day Year 4 - 9 - 63
 5. SEX Female 6. COLOR OR RACE Negro 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 6-3-1895 9. AGE (last birthday) 67
 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic 10b. KIND OF BUSINESS OR INDUSTRY At Home 11. BIRTHPLACE (City and state or country) Coffeerville Mississippi 12. CITIZEN OF WHAT COUNTRY U. S. A.
 13a. FATHER'S NAME Dowl Ligons 13b. MOTHER'S MAIDEN NAME Rosie Taylor 14. NAME OF HUSBAND OR WIFE
 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO 16. SOCIAL SECURITY NO. [redacted] 17. INFORMANT Willie Burton Address 5229a Maple

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Cerebral Thrombosis INTERVAL BETWEEN ONSET AND DEATH 3 days
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral Arteriosclerosis DUE TO (c) 332+

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 August 9, 1958 to April 9, 1963 and last saw her alive on April 8, 1963
 Death occurred at 4:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Bernard C. Randolph, M.D. (Designated) 22b. ADDRESS 4903a Easton 22c. DATE SIGNED 4-11-63

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 4-13-63 23c. NAME OF CEMETERY OR CREMATORY Washington Park 23d. LOCATION (City, town, or county) Berkeley Mo. (State)

24. FUNERAL DIRECTOR Atkins Bros. ADDRESS 3644 Finney Ave. 25. DATE RECD. BY LOCAL REG. APR 12 1963 26. REGISTRAR'S SIGNATURE Road Smith, M.D.

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1
2 205
3
4 3
5 2
6
7 0
8 2
9
10
11
12 1290-0
13

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 SHOULD READ
 BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

90

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 K. Cunningham

Licensed Embalmer No. 4476

P. O. Address 2405 Marcus

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.