

5. No. 300
v. 10.48

FILED APR 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8425

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 89

0472

0472

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>		b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u>		c. LENGTH OF STAY (In this place) <u>1 mo. 16 da.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Clinton General Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>N. Main St.</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Iphigenia</u>			b. (Middle) <u>McDonell</u>		c. (Last) <u>McDonell</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 29 1950</u>	
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5. SEX <u>Female</u> <u>3</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 4 1900</u>		9. AGE (In years last birthday) (Months) (Day) (Year) (If under 18: Hours) (Min.) <u>49</u> <u>9</u> <u>25</u>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housemaid</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Private Home</u>		11. BIRTHPLACE (State or foreign country) <u>Clinton, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>John Davis</u>		13b. MOTHER'S MAIDEN NAME <u>Hattie Mills</u>		14. NAME OF HUSBAND OR WIFE <u>Bob McDonald</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. -----		17. INFORMANT'S SIGNATURE OR NAME <u>Bob McDonald</u>		ADDRESS <u>Clinton, Missouri</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA CERVIX (metastasis)</u>				INTERVAL BETWEEN ONSET AND DEATH <u>8 mo.</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>171X</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from Oct. 1949, to Mar 26 1950, that I last saw the deceased alive on 26 Mar 50, and that death occurred at 3:30 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Hugh B. Walker, MD</u>		23b. ADDRESS <u>Clinton, Mo.</u>		23c. DATE SIGNED <u>30 Mar 1950</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar 30 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Clinton Colored Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Clinton, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>Mar 30-50</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lud E. Walker Jr.</u>		ADDRESS <u>Clinton, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 7,
District File Number 3-50-223
Date Filed 4-2-57

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
Student Embalmer

Signed Fred E. Williams

Licensed Embalmer No. 4510

P. O. Address Chilton, 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 this body is not embalmed, fact should be so stated above.