

FILED APR 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **8436**

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| | | | | | | | |
|---|-------------------------------|--|--|--|---|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 137 | | PRIMARY REG. DIST. NO. 4217 | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY HENRY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY HENRY | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN URICH | | c. LENGTH OF STAY (in this place) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN URICH | | 0430 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION AT HOME IN URICH | | | | d. STREET ADDRESS (If rural, give location) AT HOME | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Josiah Green b. (Middle) M^cDonald c. (Last) | | | 4. DATE OF DEATH MARCH 31, 50 (Month) (Day) (Year) | | | | |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH October 19th 1874 | | 9. AGE (In years last birthday) 75 | IF UNDER 1 YEAR Months | IF UNDER 1 HR. Hours |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DOCTOR, MD | | 10b. KIND OF BUSINESS OR INDUSTRY DOCTOR | | 11. BIRTHPLACE (State or foreign country) Lucas, Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Josiah Green M^cDonald | | 13b. MOTHER'S MAIDEN NAME Maya Magdalena Smedved | | 14. NAME OF HUSBAND OR WIFE Margaret Lee M^cDonald | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WAY 1 - 1918 | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME Katharine Brown, Urich, Mo ADDRESS _____ | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Embolism ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary atherosclerosis & Hypertension DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | INTERVAL BETWEEN ONSET AND DEATH 2 hr 5-7 hr 4 20, 1 |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | |
| 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) | | | |
| 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? | | | |
| 22. I hereby certify that I attended the deceased from March 1, 1950 , to March 31, 1950 , that I last saw the deceased alive on 3-31- , 1950, and that death occurred at 4 P. m. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE R. Walker, M.D. (Degree or title) | | | | 23b. ADDRESS Clinton Mo | | 23c. DATE SIGNED 4-1-50 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE April 3-1950 | | 24c. NAME OF CEMETERY OR-CREMATORY Mullin | | 24d. LOCATION (City, town, or county) (State) Near Urich, Missouri | |
| DATE REC'D BY LOCAL REG. April 3-50 | | REGISTRAR'S SIGNATURE Florence Adair | | 25. FUNERAL DIRECTOR'S SIGNATURE W. P. Brown, Urich Mo | | ADDRESS _____ | |

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 13 1950

RECEIVED

District Health Officer No. 7,

District File Number 3-50-360

Date Filed 4-10-50

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 R. R. Kenney

Licensed Embalmer No. 3099

P. O. Address Clinton 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.