

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-010682

FILED VS MAR 28 1960

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3028 Registrar's No. 84

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, give TOWNSHIP only) Clinton		Length of stay in 1b Hrs.		c. CITY OR TOWN Clinton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 919 N 4th Street		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First Middle Last Merle Carroll McDonald				4. DATE OF DEATH Month Day Year March 18, 1960							
5. SEX Male	6. COLOR OR RACE Negroid	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 11/6/1900	9. AGE (last birthday) 59	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) Boot Black			10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and state or country) Henry Co., Missouri		12. CITIZEN OF WHAT COUNTRY USA				
13a. FATHER'S NAME Robert McDonald			13b. MOTHER'S MAIDEN NAME Stella Carroll			14. NAME OF HUSBAND OR WIFE Iphigina McDonald (Deceased)					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Welfare office Records Clinton, Mo.						
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral vascular accident							INTERVAL BETWEEN ONSET AND DEATH Estimate				
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Signs arteriosclerotic brain syndrome		DUE TO (c) Deformity of teeth just due to tooth bite		DUE TO (b) 7 3 days		DUE TO (c) 7 3 days			
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 2-18-60 , to 3-17-60 and last saw ^{him} her alive on 3-17-60 Death occurred at 3:05 A m on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degree or title) W.D. Bradshaw, M.D.				22b. ADDRESS 114 W. Jefferson Clinton Mo				22c. DATE SIGNED 3-24-60			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3/22/1960		23c. NAME OF CEMETERY OR CREMATORY Antioch		23d. LOCATION (City, town, or County) Clinton, Missouri					
24. FUNERAL DIRECTOR CONSAIUS				ADDRESS Clinton, Mo.		25. DATE RECD. BY LOCAL REG. Mar. 24, 1960		26. REGISTRAR'S SIGNATURE Mildred Bigum			

DOCUMENT

MEDICAL CERTIFICATION

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 _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Eugene R. Consalvo

Licensed Embalmer No. 4680

P. O. Address Clinton, N.Y.

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.