

# JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 16 1960

-60-031703

STATE FILE NUMBER

Registration District No. 296 Primary Registration District No. 4444 Registrar's No. 7

ENDED

1. PLACE OF DEATH a. COUNTY <u>Ray</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> & COUNTY <u>Ray</u>															
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Camden</u>		Length of stay in 1b <u>30 yrs</u>		c. CITY OR TOWN <u>Camden,</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>													
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Residence</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Not listed</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>												
3. NAME OF DECEASED (Type or print) First <u>Gus</u> Middle <u>T.</u> Last <u>MacDonald</u>				4. DATE OF DEATH Month <u>August</u> Day <u>2</u> Year <u>1960</u>															
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>Feb. 1, 1883</u>		9. AGE (last birthday) <u>77</u>		IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u>		IF UNDER 24 HR Hours <u>  </u> Min. <u>  </u>							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and state or country) <u>Dodson, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>United States</u>											
13a. FATHER'S NAME <u>James MacDonald</u>				13b. MOTHER'S MAIDEN NAME <u>Sarah Cunningham</u>				14. NAME OF HUSBAND OR WIFE <u>Mattie MacDonald</u>											
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. <u>496-24-1936</u>		17. INFORMANT Address <u>Mattie MacDonald, Camden, Missouri</u>													
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Generalized Arteriosclerosis</u> <u>Arteriosclerosis Heart Disease</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>due to</u> (b) <u>  </u> DUE TO (c) <u>  </u>										INTERVAL BETWEEN ONSET AND DEATH									
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 <u>  </u> Month, Day, Year <u>  </u>		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 <u>2-2-60</u> to <u>8-2-60</u> and last saw him alive on <u>7-30-60</u> Death occurred at <u>7:45</u> <u>A</u> on the date stated above, and to the best of my knowledge, from the causes stated.																			
22a. SIGNATURE (Degree or title) <u>Sharon D. Good, M.D.</u>						22b. ADDRESS <u>Richmond Mo</u>				22c. DATE SIGNED <u>8/3/60</u>									
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>8-4-1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Craven</u>				23d. LOCATION (City, town, or county) (State) <u>Camden, Missouri</u>											
24. FUNERAL DIRECTOR <u>Quest Life Funeral Home</u> <u>Richmond, Missouri</u>				ADDRESS <u>Richmond, Missouri</u>		25. DATE RECD. BY LOCAL REG. <u>8-13-1960</u>		26. REGISTRAR'S SIGNATURE <u>Helen J. Farkin</u>											

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 *George H. Hile*  
Licensed Embalmer No. 4866

P. O. Address *Richmond*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.