

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-005902

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 104 Primary Registration District No. 4176 Registrar's No. 10

FILED MAR 4 1963

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| VS 300 Rev. 4/59 | DATE AMENDED |
| 1 0356 | |
| 2 8030 | |
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

DOCUMENT

| | | | |
|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Dunklin</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Arkansas</u> COUNTY <u>Independence</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Malden</u> | | Length of stay in 1b <u>2 Weeks</u> | c. CITY OR TOWN <u>Magness</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>105 N. Douglas</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>None</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>ROSIE</u> Middle <u>LEE</u> Last <u>McDONALD</u> | | | 4. DATE OF DEATH Month <u>FEBRUARY</u> Day <u>25</u> Year <u>1963</u> |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>Aug. 28, 1867</u> 9. AGE (last birthday) <u>95</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>none</u> | 11. BIRTHPLACE (City and state or country) <u>Magness, Arkansas</u> |
| 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>Joseph Hughes</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Betty Durham</u> | | 14. NAME OF HUSBAND OR WIFE <u>T.E. McDonald (deceased)</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>W.J. McDonald, Magness, Ark.</u> | |
| 18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cancer ; Generalized.</u> | | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Arterio Sclerosis, Pneumonia.</u> | | | |
| 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 <u>2/20/63</u> to <u>2/25/63</u> and last saw <u>her</u> alive on <u>2/25/63</u> Death occurred at <u>5:45</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Registral title) <u>S.W. Stanton D.O.</u> | | 22b. ADDRESS <u>Malden, Mo.</u> | 22c. DATE SIGNED <u>3/1/63</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>Feb. 27, 1963</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Blue Springs Cemetery-</u> | 23d. LOCATION (City, town, or county) <u>NEWARK, ARKANSAS</u> |
| 24. FUNERAL DIRECTOR <u>MAYHAN FUNERAL HOME, NEWARK ARK.</u> | | 25. DATE RECD. BY LOCAL REG. <u>3-1-63</u> | 26. REGISTRAR'S SIGNATURE <u>J.D. Schuman</u> |

USE BLACK INK OR TYPEWRITER RIBBON

SHOULD READ

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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 J. R. Sherman
Licensed Embalmer No. 4086

P. O. Address Marden

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.