

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-033235

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 291 Primary Registration District No. 4433 Registrar's No. 72

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED AUG 26 1963

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Putnam</u>		a. STATE <u>Iowa</u>	b. COUNTY <u>Appanoose</u>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Unionville</u>		c. CITY OR TOWN <u>Centerville</u>	
Length of stay in 1b <u>10 days</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Monroe Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>Route 3</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First	Middle	Last	Month	Day	Year
<u>Charles Scott McDonald</u>			<u>Aug.</u>	<u>6</u>	<u>1963</u>
5. SEX	6. COLOR OR RACE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (last birthday)	IF UNDER 1 YEAR
<u>Male</u>	<u>White</u>		<u>1-13-1873</u>	<u>90</u>	Months <u>6</u> Days <u>24</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY
<u>Farming</u>		<u>Farm</u>		<u>Appanoose Co., Iowa</u>	<u>U.S.A.</u>

13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE
<u>George McDonald</u>	<u>Sallie Long</u>	<u>Bethel McDonald</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>		
17. INFORMANT		Address
<u>Bethel E. McDonald</u>		<u>Centerville, Iowa</u>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:		
IMMEDIATE CAUSE (a)	<u>Cerebral trauma</u> <u>Automobile accident</u>	
Conditions, if any, which gave rise to above, cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	

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.	
<u>Scratches</u>		<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 checked="" 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.)
		<u>Auto Collision</u>

20c. TIME OF INJURY	Hour <u>7</u> p.m.	Month, Day, Year <u>7-28-63</u>
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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
	<u>Highway 5, near Almonwell Putnam</u>	<u>Putnam</u>	<u>Missouri</u>	<u>MO</u>

21. I attended the deceased from 7-28-63 to 8-6-63 and last saw him alive on 8-6-63
Death occurred at 6:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)	22b. ADDRESS	22c. DATE SIGNED
<u>L.W. McDonald D.O.</u>	<u>Unionville, Missouri</u>	<u>8-6-63</u>

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county)	(State)
<u>Removal</u>	<u>Aug. 6 1963</u>	<u>Oakland Cemetery</u>	<u>Centerville, Iowa</u>	

24. FUNERAL DIRECTOR ADDRESS	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE
<u>Comstock Funeral Home</u> <u>J.W. Comstock Unionville, Mo.</u>	<u>8-9-63</u>	<u>Marvell Durbin</u>

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ
 DATE AMENDED
 1 0860
 2 8140
 3
 4 0
 5 1
 6
 7 1
 8 2
 9 X
 10
 11 0860
 12 91-2
 13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

AUG 29 1963

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 James W. Comstock

Licensed Embalmer No. 4197

P. O. Address Unionville 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.