

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

67 0032392

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 293

FILED SEP 12 1967

VS 300
Rev. 4/59

DATE AMENDED

0940

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St Francois	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Francois Twp. St. Francois-rural		Length of stay in 1b	c. CITY OR TOWN Farmington
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Mineral Area Osteopathic		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R R 3
3. NAME OF DECEASED (Type or print) Carl Henry McDonald		First Middle Last	4. DATE OF DEATH September 3, 1967
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/26/1898
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Telephone Company		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 69
13a. FATHER'S NAME Robert McDonald		13b. MOTHER'S MAIDEN NAME Afretta Longabaugh	11. BIRTHPLACE (City and state or country) North Industry, Ohio
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 324-05-1938	12. CITIZEN OF WHAT COUNTRY USA
17. INFORMANT Mrs Arva McDonald, Farmington, Mo.		14. NAME OF HUSBAND OR WIFE Arva Pinkston McDonald	
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 Thrombosis			INTERVAL BETWEEN ONSET AND DEATH 10 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypotension			unknown
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. <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 Sept 2, 1967 to Sept 3, 1967 and last saw her alive on Sept 3, 1967		Death occurred at 8:15 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE L.M. Stanfield DC (Degree or title)		22b. ADDRESS Farmington Mo	22c. DATE SIGNED 9/5/67
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 9/6/67	23c. NAME OF CEMETERY OR CREMATORY Hillview Memorial Gardens	23d. LOCATION (City, town, or county) (State) Farmington, Missouri
24. FUNERAL DIRECTOR Miller Funeral Home Inc. Farmington, Mo.		25. DATE RECD. BY LOCAL REG. Sept 5, 1967	26. REGISTRAR'S SIGNATURE Ethel Radloff

USE BLACK INK
OR
TYPEWRITER RIBBON

Dr Stanfield

SEP 13 1967

3 1967

SEP 25 1967

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 Paul Dugal

Licensed Embalmer No. 4120

P. O. Address Farmington 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.