

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **40057**

No. 300  
10-48

**FILED JAN 6 1950**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **1** PRIMARY REG. DIST. NO. **2000** Registrar's No. **376**

1. PLACE OF DEATH a. COUNTY <b>Adair</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Scott</b>	
b. CITY OR TOWN <b>Kirkville</b>	c. LENGTH OF STAY (in this place) <b>4 days</b>	c. CITY OR TOWN <b>Greensburg</b> <b>Rural</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Laughlin</b>		d. STREET ADDRESS (If rural, give location) _____	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Hazel</b> b. (Middle) <b>Pauline</b> c. (Last) <b>Donaldson</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec 16-1949</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Sept 3-1907</b>	9. AGE (In years last birthday) <b>42</b>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>house wife</b>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <b>Scotland Co Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>

13a. FATHER'S NAME <b>P. Q. Ludwig</b>		13b. MOTHER'S MAIDEN NAME <b>Emma Stevens</b>		14. NAME OF HUSBAND OR WIFE <b>Chas. H. Donaldson</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Chas. H. Donaldson</b> ADDRESS <b>Greensburg Mo</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <b>3 DAYS</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Anuria, secondary to</b>		II. OTHER SIGNIFICANT CONDITIONS <b>pathological uterus</b>			unknown <b>633A</b>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Fatty degeneration of liver and chronic nephritis and cloudy swelling of kidneys.</b> DUE TO (c) _____			
19a. DATE OF OPERATION <b>12-14-49</b>		19b. MAJOR FINDINGS OF OPERATION <b>Cysts resected from both ovaries, total hysterectomy, adhesionectomy, appendectomy</b>			

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from **12-13-49**, to **12-16-49**, that I last saw the deceased alive on **12-16-49**, 19\_\_\_\_, and that death occurred at **2:05 Pm.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Paul Laughlin</b> (Degree or title) <b>D.O.</b>		23b. ADDRESS <b>Kirkville, Mo.</b>		23c. DATE SIGNED <b>12-26-49</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Dec 18-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Greensburg Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Greensburg Mo</b>		25. GENERAL DIRECTOR'S SIGNATURE <b>W. A. D. West</b>		ADDRESS <b>Mo</b>	
DATE REC'D BY LOCAL REG. <b>12-27-49</b>		REGISTRAR'S SIGNATURE <b>Kate Lambert</b>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 1 1950

RECEIVED

District Health Officer No

State File Number 1-50-

Date Filed JAN 1 1950

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 .....  
Student Embalmer

Signed \_\_\_\_\_



Licensed Embalmer No. 4256

P. O. Address Memphis

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 this body is not embalmed, fact should be so stated above.