

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30613

State File No.

FILED SEP 29 1952

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>318</u>	
1. PLACE OF DEATH a. COUNTY <u>ADAIR</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>SCOTLAND</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KIRKSVILLE</u>		c. LENGTH OF STAY (in this place) TOWNSHIP _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL W. JEFFERSON</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LAUGHLIN HOSP</u>				d. STREET ADDRESS (If rural, give location) <u>7 MILES S.W. MEMPHIS</u>			
3. NAME OF DECEASED a. (First) <u>JOHN</u>		b. (Middle) <u>CASPER</u>		c. (Last) <u>DONALDSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 19 1952</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>5-13-1876</u>	
9. AGE (In years) (Specify birthday) <u>76</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>SCOTLAND Co. Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>JOSEPH DONALDSON</u>		13b. MOTHER'S MAIDEN NAME <u>EVELINE FETTERS</u>		14. NAME OF HUSBAND OR WIFE <u>LINNIE DONALDSON</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>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Emma B. Mc Gee</u>		ADDRESS <u>Brownsville Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Hypostatic Pneumonia (lobar)</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senile Debility</u> DUE TO (c) <u>Diabetes Mellitus</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral Thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>?</u> <u>30 days</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) _____		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 <u>Aug 14, 1952</u> to <u>Sept 19, 1952</u> , that I last saw the deceased alive on <u>Sept 19, 1952</u> , and that death occurred at <u>7:12 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>A. J. Thoads, M.D.</u>				23b. ADDRESS <u>20. Kirkville, Mo</u>		23c. DATE SIGNED <u>9-20-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>9-21-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MEMPHIS</u>		24d. LOCATION (City, town, or county) (State) <u>MEMPHIS Mo</u>	
DATE REC'D BY LOCAL REG. <u>9-20-52</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A. Wayne Sosa</u>			
				ADDRESS <u>Memphis Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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 Neal Payne

Licensed Embalmer No. 2550

P. O. Address Memphis 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 this body is not embalmed, fact should be so stated above.