

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34156

State File No. _____
Registrar's No. 72

FILED NOV 10 1952

BIRTH NO. _____ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 3004

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lamar, Barton Co. Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Newport Twp. 0060	
c. LENGTH OF STAY (In this place) 1 week		d. STREET ADDRESS (If rural, give location) Route 4	
d. FULL NAME OF HOSPITAL OR INSTITUTION Barton Co. Memorial Hosp.			

3. NAME OF DECEASED (Type or Print) William Everett Donalson	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH Nov. 5, 1952
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 9, 1875	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months	IF UNDER 11 HRS. Days	IF UNDER 14 HRS. Hours	IF UNDER 14 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer, Ret.	10b. KIND OF BUSINESS OR INDUSTRY Own Farm	11. BIRTHPLACE (State or foreign country) Ravenwood, W. Virginia	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME William Donalson	13b. MOTHER'S MAIDEN NAME Catherine Compton	14. NAME OF HUSBAND OR WIFE Bertha Faurot
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Bertha Donalson, Lamar, Mo.	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Embolism		INTERVAL BETWEEN ONSET AND DEATH 7 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) auricular fibrillation rise to the above cause (a) stating the underlying cause last.		
	DUE TO (c) Terminal Pneumonia		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		2 days	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4331	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **11-2-52**, 19**52**, to **11-5**, 19**52**, that I last saw the deceased alive on **11-5**, 19**52**, and that death occurred at **5:30 pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. M. Arnold M. D.	23b. ADDRESS Lamar Missouri	23c. DATE SIGNED 11-6-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 7, 1952	24c. NAME OF CEMETERY OR CREMATORY Moorehead Cemetery	24d. LOCATION (City, town, or county) (State) Barton County, Missouri
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DATE REC'D BY LOCAL REG. NOV 6 - 1952	REGISTRAR'S SIGNATURE Marie Kerant	25. FUNERAL DIRECTOR'S SIGNATURE Clarence H. Chiles	ADDRESS Lamar Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0061
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Dr. Arnold

JUN 7 1961

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, as by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Clarence F. Chiles*

Licensed Embalmer, No. *3473*

P. O. Address *Lena, 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.