

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39580

State File No.

DEC 10 1953

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 122

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

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lexington</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Lexington</u>	
c. LENGTH OF STAY (In this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>Aull Lane</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>615 Franklin Ave.</u>			

3. NAME OF DECEASED a. (First) <u>Robert Everett</u> b. (Middle) <u>O.</u> c. (Last) <u>Doniel</u>			4. DATE OF DEATH <u>March 22 1953</u> (Month) (Day) (Year)	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Separated</u>	8. DATE OF BIRTH <u>December 24, 1913</u>	
9. AGE (In years last birthday) <u>39</u>		10. MONTHS <u>10</u>	11. HOURS <u>28</u>	12. IF UNDER 14 HRS. <u>Min.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Chauffer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Taxi Cab</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Lexington, Missouri.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				

13a. FATHER'S NAME <u>Charles P. O'Doniel</u>	13b. MOTHER'S MAIDEN NAME <u>Addie Raynes</u>	14. NAME OF HUSBAND OR WIFE <u>Not Known</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>not known</u>	17. INFORMANT'S SIGNATURE OR NAME <u>David O'Doniel, Lexington, Missouri</u>	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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>E 8906 40</u>
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Carbon monoxide asphyxiation</u>		
	ANTECEDENT CAUSES <u>for Jan of gas stove. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO <u>Body part in a wicker room. Wobbling & down closed</u> DUE TO <u>Dead 3-4 hours w/ body part</u>		
11. OTHER SIGNIFICANT CONDITIONS <u>Cherry red of slat</u>		Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>No operation</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Inst.</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>Lexington</u> (COUNTY) <u>Lafayette</u> (STATE) <u>Miss</u>
21d. TIME OF INJURY <u>11-22-53 9P m.</u>	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 the death on Nov 22, 1953, that I last saw the deceased alive on 9P m., 1953, and that death occurred at 9P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. Martin W. Corcoran 2</u>	23b. ADDRESS <u>Odesa, Mo</u>	23c. DATE SIGNED <u>11-23-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>November 25, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Machpelah</u>	24d. LOCATION (City, town, or county) (State) <u>Lexington, Missouri.</u>
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DATE REC'D BY LOCAL REG. <u>12-8-53</u>	REGISTRAR'S SIGNATURE <u>Wm. E. Calhoun</u>	156 - FUNERAL DIRECTOR'S SIGNATURE <u>James F. Tempel</u>	ADDRESS <u>515 S. Main</u>
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JUN 22 1954

JUN 21 1954

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 *J. L. McKean*

Licensed Embalmer No. 9983

P. O. Address *Lehigh, Missouri*

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.