

FILED MAR 8 1954

STANDARD CERTIFICATE OF DEATH

5279

State File No. ....

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 5593 Registrar's No. 17

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

1. PLACE OF DEATH a. COUNTY <b>Jefferson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Jefferson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Platin</b>	c. LENGTH OF STAY (in this place) <b>Life</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Platin</b> <u>0.500</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Festus, Mo. Route #1</b>		d. STREET ADDRESS (If rural, give location) <b>Festus, Mo. Route #1</b> <u>d</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Emily</b> b. (Middle) <b>Madison</b> c. (Last) <b>Donnell</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 22, 1954</b>
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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>Dec. 28, 1879</b>	9. AGE (In years last birthday) <b>74</b>	OF UNDER 1 YEAR Days <b>2</b>	OF UNDER 11 HRS. Hours <b>24</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Howe Station, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
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13a. FATHER'S NAME <b>Robert G. Madison</b>		13b. MOTHER'S MAIDEN NAME <b>Lucy Howe</b>	14. NAME OF HUSBAND OR WIFE <b>Thomas L. Donnell</b>		
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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) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Jack Donnell, R.F.D. #1, Festus, MO.</b>			
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>  ANTECEDENT CAUSES <b>Arterio Sclerosis</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <b>4-201</b>
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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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>D.B. Edwards - M.D.</b> (Degree or title)	23b. ADDRESS <b>Ordor Hill Mo</b>	23c. DATE SIGNED <b>2/22/54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Feb. 25, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Rose Lawn Memorial</b>	24d. LOCATION (City, town, or county) (State) <b>Festus, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>2-25-54</b>	REGISTRAR'S SIGNATURE <b>Marie Farrier</b> <u>30</u> <u>1467</u>	25. FUNERAL DIRECTOR'S SIGNATURE <b>H. S. Vinyard</b>	ADDRESS <b>Festus, Mo.</b>
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JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED MAR 1 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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed *James J. Jumperford*.....

Licensed Embalmer No. *4744*.....

P. O. Address *Crystal City, 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.