

FILED APR 30 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12745

5794 State File No.

BIRTH NO. _____ REG. DIST. NO. 222 PRIMARY REG. DIST. NO. ~~222~~ Registrar's No. 32

| | | | |
|--|--|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Moniteau</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution's residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Monibeaun</u> | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural, MOOREAU</u>) | | c. LENGTH OF STAY (In this place) <u>Life</u> | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6 miles South, Clarksburg</u> | | e. STREET ADDRESS (If rural, give location) <u>6 Miles South Clarksburg</u> | |

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|--|------------|-------------|-------------------------|---|
| 3. NAME OF DECEASED (Type or Print) <u>ISSAC</u> | a. (First) | b. (Middle) | c. (Last) <u>DONLEY</u> | 4. DATE OF DEATH <u>Apr. 21st. 1954</u> |
|--|------------|-------------|-------------------------|---|

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| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Nov. 3, 1864</u> | 9. AGE (In years last birthday) <u>89</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 2 HRS. Hours _____ Min. _____ |
|--------------------|-------------------------------|---|--------------------------------------|---|---|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer & Stockman</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u> | 11. BIRTHPLACE (City and State or Foreign Country) / <u>Holmes County, Ohio</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>James M. Donley</u> | 13b. MOTHER'S MAIDEN NAME <u>Mary B. Smith</u> | 14. NAME OF HUSBAND OR WIFE <u>Roberta Donley</u> |
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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) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Roberta Donley (Wife) Clarksburg, Mo</u> |
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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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho-Pneumonia</u> | | 12 years |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Eczema-Erythematous Aquamans</u> <u>Apple</u> DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>491 X</u> | 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) |
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|---|---|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
|---|---|----------------------------|

22. I hereby certify that I attended the deceased from April 7, 1954, to April 21, 1954, that I last saw the deceased alive on April 21, 1954, and that death occurred at 8:30 P. m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Edgar C. Fisher M.D.</u> | 23b. ADDRESS <u>Chesapeake</u> | 23c. DATE SIGNED <u>4/22/54</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Apr. 24, 1954</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Moriah</u> | 24d. LOCATION (City, town, or county) (State) <u>4 Miles S. Clarksburg, Mo</u> |
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| DATE REC'D BY LOCAL REG. <u>4-27-54</u> | REGISTRAR'S SIGNATURE <u>Nelson L. Papejay</u> 506 | FUNERAL DIRECTOR'S SIGNATURE <u>James E. Richardson</u> | ADDRESS <u>Tipton,</u> |
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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.....
Signature of Student Embalmer

Signed *Jewell-E. Pisha*
Licensed Embalmer No. *246*
P. O. Address *Lipton*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.