

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16692**

No. 300
10-48
0690
4

FILED MAY 21 1954

BIRTH NO. _____ REG. DIST. NO. **226** PRIMARY REG. DIST. NO. **4338** Registrar's No. **16**

1. PLACE OF DEATH a. COUNTY Monroe		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Monroe	
b. CITY OR TOWN Monroe City		c. CITY OR TOWN Monroe City	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS 223 Catherine St	
d. FULL NAME OF HOSPITAL OR INSTITUTION KINSEY Rest Home		(If rural, give location)	

3. NAME OF DECEASED (Type or Print) ALEXANDER HAMILTON DONLEY	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH May 8, 1954
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5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Oct 30-1871	9. AGE (In years last birthday) 82	10. MONTH 6	11. DAYS 9	12. HOURS 9	13. MIN. 9
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALES MAN. RET	10b. KIND OF BUSINESS OR INDUSTRY GROCERY	11. BIRTHPLACE (City and State or Foreign Country) Marion County, Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Harrison Donley	13b. MOTHER'S MAIDEN NAME Mary Jane Grady	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs Donald Lake Shelbyville Mo	18. 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 **5-4**, 19**54**, to **5-8**, 19**54**, that I last saw the deceased alive on **5-8**, 19**54**, and that death occurred at **5:25 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE F. M. Sumner	(Degree or title) D.O.	23b. ADDRESS Monroe City, Mo.	23c. DATE SIGNED 5-10-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-10-54	24c. NAME OF CEMETERY OR CREMATORY St. Judes Cemetery	24d. LOCATION (City, town, or county) (State) Monroe City, Mo.
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DATE REC'D BY LOCAL REG. 5-12-54	REGISTRAR'S SIGNATURE Elvie Robertson	25. FUNERAL DIRECTOR'S SIGNATURE Wilson & Son's	ADDRESS Monroe City, Mo.
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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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Robert L. Hilary

Licensed Embalmer No. 3014

P. O. Address Stonewall City, Md

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.