

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 12 1957

No. 300
10.48

BIRTH NO. _____		REG. DIST. NO. <u>27</u>		PRIMARY REG. DIST. NO. <u>5086</u>		Registrar's No. <u>29</u>	
1. PLACE OF DEATH a. COUNTY <u>Bates</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural-Homer Twp.</u>)			c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Amoret Mo. Rural</u>			<u>00/0</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RFD Amoret Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>Homer Twp.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>William</u>		b. (Middle) <u>James</u>		c. (Last) <u>Donley</u>	
4. DATE OF DEATH		(Month) <u>Mar</u>		(Day) <u>3</u>		(Year) <u>1957</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>4</u> <u>MARRIED</u>		8. DATE OF BIRTH <u>Jan 29 1893</u>		9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Henry Donley</u>		13b. MOTHER'S MAIDEN NAME <u>Isabel Donley</u>		14. NAME OF HUSBAND OR WIFE <u>Vera Donley</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Vera Donley-113 Kiewit Kansas</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Sepsis</u>					
		ANTECEDENT CAUSES					
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <u>Brain edema body</u>					
		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 <u>None</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accidental</u>		21b. PLACE OF INJURY (e.g., to combine home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>HOMER-TWP</u> (COUNTY) <u>BATES</u> (STATE) <u>MO.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>3 3 57 4</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>House burned down</u>			
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 <u>4:15</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>B.L. Ronald</u> (Degree or title) <u>3</u>				23b. ADDRESS <u>Bates Mo</u>		23c. DATE SIGNED <u>3/4/57</u>	
24a. BURIAL, CREMATION, REINTERMENT (Specify) <u>Burial</u>		24b. DATE <u>3/4/57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Benjamin</u>		24d. LOCATION (City, town, or county) <u>Amoret Missouri</u> (State) <u>Mo</u>		
DATE REC'D BY LOCAL REG. <u>Mar 5 1957</u>		REGISTRAR'S SIGNATURE <u>Arnold Kury</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Archer Mangold</u>		ADDRESS <u>Amsterdam, Mo.</u>	

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

17-1)

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

Not Embalmed

Signed Robert L. Mangold

Licensed Embalmer No. 4872

P. O. Address La Cygne, Kans

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.