

FILED JUL 25 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 24059

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 94

1. PLACE OF DEATH a. COUNTY DUNKLIN			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dunklin		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KENNETT		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kennett		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Dunklin Memorial Life			Length of stay in 1b Life		d. STREET ADDRESS (If outside, give location) 306 W. Washington
3. NAME OF DECEASED (Type or print) THOMAS F. DONALDSON			4. DATE OF DEATH July 15-1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 29 1886	9. AGE (If years last birthday) 71	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Banker, Farmer		10b. KIND OF BUSINESS OR INDUSTRY Banking	11. BIRTHPLACE (City and state or country) Kennett, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME ISHAM F DONALDSON			14. MOTHER'S MAIDEN NAME Panola Rayburn		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 487-20-4023	17. INFORMANT Joni B. Mollie Kennett, Mo		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Empysemma DUE TO (b) acute respiratory infection DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH 5 days 1 day
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a).					19. WAS AUTOPSY PERFORMED? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour _____ Month _____ Day _____ a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY _____ STATE _____
21. I attended the deceased from July 1, 1957 to July 15-57 and last saw him alive on 7-14-57 Death occurred at 5:20 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Paul Salwan M.D.			22b. ADDRESS Kennett, Mo		22c. DATE SIGNED 7-15-57
23a. BURIAL, CREMATION, OR DISPOSAL (Specify)		23b. DATE July 16 1957	23c. NAME OF CEMETERY OR CREMATORY Oak Ridge		23d. LOCATION (City, town, or county) (State) Kennett, Mo
24. FUNERAL DIRECTOR Paul Salwan		ADDRESS Kennett, Mo		25. DATE RECD. BY LOCAL REG. 7-16-1957	26. REGISTRAR'S SIGNATURE Carl Hubert

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RECEIVED DUNKLIN COUNTY HEALTH DEPARTMENT
COUNTY FILE NUMBER 7-2-757

JUN 25 1958

AUG 23 1958

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 *R. Salomon*

Licensed Embalmer No. *258*

P. O. Address *Kennett*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.