

Health, Welfare, Public Service

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57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JAN 13 1958

STATE FILE NUMBER **259**
Registrar's No. **9**

Registration District No. **42** Primary Registration District No. **1000**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hovey Nursing Home		d. STREET ADDRESS (If outside, give location) 118¹/₂ N. 10th St.	
3. NAME OF DECEASED (Type or print) Clarence Edward Donelson		4. DATE OF DEATH Month January Day 5 Year 1958	
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH March 18, 1905
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10b. KIND OF BUSINESS OR INDUSTRY laborer	9. AGE (In years last birthday) 52 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____
11. BIRTHPLACE (City and state or country) Ridgeway Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Ulyses Grant Donelson		13b. MOTHER'S MAIDEN NAME Sarah J. Wright	
14. NAME OF HUSBAND OR WIFE unknown		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. 491-09-0005		17. INFORMANT Address Mrs. Sarah Donelson, 609 N. 7th, St. Joseph, 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) Mitral Insufficiency Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Broken Compensation DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 410X			INTERVAL BETWEEN ONSET AND DEATH 2 years 2 days
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT <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 6/3/57 to 1/5/58 and last saw ^{85X} him _{him} live on 1/4/58 Death occurred at 3:55p. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) W. McCreary M.D.		22b. ADDRESS Social Welfare Board 10th & Olive, St. Joseph, Mo.	
22c. DATE SIGNED 1/6/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 1/7/1958	
23c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery		23d. LOCATION (City, town, or country) (State) St. Joseph, Missouri	
24. FUNERAL DIRECTOR Heaton-Bowman		25. DATE RECD. BY LOCAL REG. Jan. 10, 1958	
ADDRESS St. Joseph, Mo.		26. REGISTRAR'S SIGNATURE Mrs. Robert Fulton	

(Licensed Embalmers Statement on Reverse Side)

MAR 10 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 *James H. Hawkins*
Licensed Embalmer No. *4536*
P. O. Address *319 So 10th St. Jones*

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.