

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-017137  
STATE FILE NUMBER

FILED MAY 12 1958

Registration District No. 369 Primary Registration District No. 4538 Registrar's No. 10

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

1. PLACE OF DEATH a. COUNTY <u>WAYNE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>WAYNE</u>	
b. CITY OR TOWN <u>PIEDMONT</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>PIEDMONT 1110</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>✓</u> Length of stay in lb <u>✓</u>		d. STREET ADDRESS (If outside, give location) <u>✓</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>BRYANT CHARLES DONNELL</u>			4. DATE OF DEATH Month Day Year <u>APR 25 1958</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>AUG 5, 1984</u>
9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>20</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED DECORATOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>DECORATOR</u>	11. BIRTHPLACE (City and state or country) <u>FESTUS, MO</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>WILLIAM FOSTER DONNELL</u>	
13b. MOTHER'S MAIDEN NAME <u>MARY CATHERINE CADWALADER - ETHEL DONNELL</u>		14. NAME OF HUSBAND OR WIFE <u>ETHEL DONNELL</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service) <u>✓</u>		16. SOCIAL SECURITY NO. <u>521-18-0077</u>	17. INFORMANT Address <u>ETHEL DONNELL PIEDMONT, MO</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Concussion &amp; Hemorrhage</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 weeks</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>High blood sugar</u>			<u>2 years</u>
DUE TO (c) <u>Arteriosclerosis</u>			<u>2 years</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4201</u>			19. WAS AUTOPSY PERFORMED? 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, Year 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.) <u>Piedmont Wayne Mo</u>	
20f. CITY, TOWN, OR LOCATION <u>Piedmont Wayne Mo</u>		20g. COUNTY STATE <u>Wayne Mo</u>	
21. I attended the deceased from <u>Apr 1 - 58</u> to <u>Apr 25 - 58</u> and last saw her alive on <u>Apr 20 - 58</u> Death occurred at <u>7:20</u> p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>L. E. ...</u> (Degree or title)		22b. ADDRESS <u>Piedmont Mo</u>	
22c. DATE SIGNED <u>4-22-58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		23b. DATE <u>4-26-58</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>HEMATITE METH.</u>		23d. LOCATION (City, town, or county) (State) <u>HEMATITE MO.</u>	
24. FUNERAL DIRECTOR <u>GISH FUNERAL HOME</u>		25. DATE RECD. BY LOCAL REG. <u>Apr. 25 - 1958</u>	
26. REGISTRAR'S SIGNATURE <u>Hazel Hard</u>			

RECEIVED  
APR 25 1958  
MAINE CO. MORGAN CENTER  
FILE NO.

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 *Norman W. Gish*

Licensed Embalmer No. *3387*

P. O. Address *Fidmout Me*

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.