

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-040681

STATE FILE NUMBER

Filed DEC 3 1958

Registration District No.

187

Primary Registration District No.

9040

Registrar's No.

273

S. 300  
1-57

1. PLACE OF DEATH a. COUNTY Livingston		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Livingston	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Chillicothe		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Chillicothe 0592 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City hospital		Length of stay in lb 60 yrs.	d. STREET ADDRESS (If outside, give location) RF 5 Chillicothe Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Bridget Lucy Donoho			4. DATE OF DEATH Month Day Year Nov. 27, 1958
5. SEX Fem.	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	e. DATE OF BIRTH May 2, 1883
9. AGE (In years last birthday) 75		f. UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY XX	11. BIRTHPLACE (City and state or country) Livingston Co., Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Michael Donoho	
13b. MOTHER'S MAIDEN NAME Ellen Slattery		14. NAME OF HUSBAND OR WIFE XX	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no XX		16. SOCIAL SECURITY NO. 493-42-4102	17. INFORMANT Margaret Donoho, Chillicothe Mo. Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia Labor P. Lohr Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Carcinomatous glands removed from Neck in Sept. 58			INTERVAL BETWEEN ONSET AND DEATH 3 days
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.) 490XH	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 Jan. 1, 1952 to Nov. 27-58 and last saw her alive on Nov. 27-58 Death occurred at 11:50 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Joseph P. Conrad M.D. (Degree or title)		22b. ADDRESS Chillicothe Mo	22c. DATE SIGNED Nov. 28-58
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE Nov. 29, 1958	23c. NAME OF CEMETERY OR CREMATORY Catholic cemetery	23d. LOCATION (City, town, or county) (State) Chillicothe, Mo.
24. FUNERAL DIRECTOR Donald Gordon, Chillicothe, Mo.		25. DATE RECD. BY LOCAL REG. 11/28/58	26. REGISTRAR'S SIGNATURE Frances B Neill

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Richard D. Randall* .....

Licensed Embalmer No. *4866* .....

P. O. Address *Chillicothe* .....

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.