

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-011678  
STATE FILE NUMBER

FILED APR 14 1959

Registration District No. 317

Primary Registration District No. 544

Registrar's No. 949

300  
1-57

4

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE 301167  
 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<br>a. COUNTY <b>St. Louis</b>   |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>                  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Kirkwood</b>  |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN <b>Kirkwood</b> <b>4673</b><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>White Oaks Home</b>   |                                  | Length of stay in lb<br><b>11 mo.</b>   | d. STREET ADDRESS (If outside, give location)<br><b>129 W. Adams Ave.</b><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>CLARA</b> Middle Last <b>DONWORTH</b>  |                                  |   | 4. DATE OF DEATH<br>Month <b>April</b> Day <b>7</b> Year <b>1959</b>   |
| 5. SEX<br><b>Female</b>   | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>March 22, 1875</b>  |
| 9a. AGE (In years last birthday)<br><b>84</b>   |                                  | 9b. UNDER 1 YEAR<br>Months Days   | 9c. IF UNDER 24 HRS.<br>Hours Min.   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>at home</b>   | 11. BIRTHPLACE (City and state or country)<br><b>Fenton, Mo.</b>   |
| 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>  |                                  | 13a. FATHER'S NAME<br><b>Frank Lucas</b>  |  |
| 13b. MOTHER'S MAIDEN NAME<br><b>Mary Stephens</b>   |                                  | 14. NAME OF HUSBAND OR WIFE<br><b>William Donworth (Dec'd)</b>  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |                                  | 16. SOCIAL SECURITY NO.<br><b>None</b>  | 17. INFORMANT<br>Address <b>Kirkwood</b><br><b>Gerald Donworth, 2433 Town &amp; Country Lane 22</b>  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Pneumonia</b>   |                                  |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>one week</b>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____  |                                  |   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>493X</b>  |                                  |   | 19. WAS AUTOPSY PERFORMED? <b>2</b><br>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<br>Hour _____ a.m. _____ p.m.<br>Month, Day, Year _____   |                                  |   |  |
| 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 <b>Sept 1958</b> , to <b>4/7/59</b> and last saw <sup>her</sup> <sub>him</sub> alive on <b>4/6/59</b><br>Death occurred at <b>800 A</b> on the date stated above; and to the best of my knowledge, from the causes stated. |                                  |   |  |
| 22a. SIGNATURE<br><b>Ross B. Sammons, M.D.</b> (Degree or title)  |                                  | 22b. ADDRESS<br><b>100 N. Euclid, St. Louis</b>   | 22c. DATE SIGNED<br><b>7/7/59</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  | 23b. DATE<br><b>4/9/59</b>       | 23c. NAME OF CEMETERY OR CREMATORY<br><b>St. Peter's Cemetery</b>   | 23d. LOCATION (City, town, or county) (State)<br><b>Kirkwood, Mo.</b>  |
| 24. FUNERAL DIRECTOR<br><b>Thomas H. Poppin, Kirkwood</b> ADDRESS   |                                  | 25. DATE RECD. BY LOCAL REG.<br><b>4-8-59</b>   | 26. REGISTRAR'S SIGNATURE<br><b>John L. Murphy, M.D.</b>   |

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 *Francis J. Wyland Jr*  
Licensed Embalmer No. *45-12*  
P. O. Address *Richmond, Mo*

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.