

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-038726

FILED VS NOV 2 1960

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 507

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> COUNTY <b>JASPER</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>JOPLIN</b>			Length of stay in 1b <b>10 YRS</b>		c. CITY OR TOWN <b>JOPLIN</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>820 1/2 MAIN STREET</b>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>820 1/2 MAIN ST.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>ETHEL</b> Middle <b>MARIE</b> Last <b>DONALDSON</b>				4. DATE OF DEATH Month <b>OCTOBER</b> Day <b>27</b> , Year <b>1960</b>				
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>8-16-1888</b>	9. AGE (last birthday) <b>72</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SALES LADY</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>REAL SILK CO.</b>		11. BIRTHPLACE (City and state or country) <b>CHANUTE, KANSAS</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>WILLIS GIBSON</b>			13b. MOTHER'S MAIDEN NAME <b>UNK</b>			14. NAME OF HUSBAND OR WIFE <b>ARCHIE DONALDSON, DEC'D</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [(If yes, give war or dates of service)] <b>NO</b>			16. SOCIAL SECURITY NO. <b>UNK.</b>		17. INFORMANT COUSIN- Address <b>MRS. ETTA WADE, 1706 INDIANA AVE.,</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <b>Coronary Occlusion Fatal</b>							<b>Less than 5 minutes</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								
DUE TO (b) <b>Chronic Heart Disease</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). <b>Felt faint on street was carried up to apt. suddenly expired.</b>					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
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 _____ a.m. _____ p.m.		Month, Day, Year _____						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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>Did not attend.</b> and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>W. E. ...</i> (Degree or title) <b>M.D. Coroner Jasper Co.</b>				22b. ADDRESS <b>Medical Arts Bldg. Joplin</b>		22c. DATE SIGNED <b>10-28-60</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		23b. DATE <b>10-28-60</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Chanute Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>CHANUTE, KANSAS</b>		
24. FUNERAL DIRECTOR <b>STEVE PARKER MORTUARY, JOPLIN, MO.</b>				25. DATE RECD. BY LOCAL REG. <b>10-29-1960</b>		26. REGISTRAR'S SIGNATURE <i>Dove Merriam</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

BEB. 50 1960

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Harvey B. Arme*

Licensed Embalmer No. 4963

P. O. Address *Joplin Mo*

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