

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31308**

FILED OCT 13 1949

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052** Registrar's No. **336**

80
6
4

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give town) Sedalia		c. CITY (If outside corporate limits, write RURAL and give township) Sedalia 80	
d. FULL NAME OF HOSPITAL OR INSTITUTION 313 W. 7th		d. STREET ADDRESS (If rural, give location) 313 W. 7th 04	
3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Ann c. (Last) Donahoe		4. DATE OF DEATH (Month) (Day) (Year) Oct-4-1949	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Dec-3-1864
9. AGE (In years last birthday) 84	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) La Monte Mo
13a. FATHER'S NAME Cornelius Shea		14. NAME OF HUSBAND OR WIFE Patrick Donahoe	
13b. MOTHER'S MAIDEN NAME Bridget Coffey		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no	
17. INFORMANT'S SIGNATURE OR NAME Mrs. H. W. Golder		ADDRESS Sedalia	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Chronic Myocarditis, Decompensated. INTERVAL BETWEEN ONSET AND DEATH 1 ANTECEDENT CAUSES DUE TO (b) Senility. DUE TO (c) Arterio-Sclerosis, Advanced. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. H221	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION None. Medical treatment only.	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None.		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from over 10 years to October 4th, 1949 at I last saw the deceased alive on October 3rd, 1949 and that death occurred at 2:20 A.M. m., from the causes and on the date stated above.			
23a. SIGNATURE Jno. B. Carlisle, M.D. (Degree or title)		23b. ADDRESS Sedalia, Missouri.	
23c. DATE SIGNED Oct. 5th.			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-6-49	
24c. NAME OF CEMETERY OR CREMATORY Calvary		24d. LOCATION (City, town, or county) Sedalia Mo	
DATE REC'D BY LOCAL REG. 10-6-49		REGISTRAR'S SIGNATURE Betty Yeager	
25. FUNERAL DIRECTOR'S SIGNATURE McLaughlin Bros		ADDRESS Sedalia Mo	

(Licensed Embalmer's Statement on Reverse Side)

7no

RECEIVED OCT 10

District Health Officer No. 8,

District File Number _____

Date Filed 10-12-49

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
Student Embalmer

Signed K.P.M. Gray

Licensed Embalmer No. 3153

P. O. Address Sedalia, 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 this body is not embalmed, fact should be so stated above.