

FILED DEC 12 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

36371

State File No. _____
 Registrar's No. 1323

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 1323	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Holt			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) 3 weeks		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mound City, Missouri			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Missouri Methodist Hosp.				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) John		b. (Middle) *		c. (Last) Donan		4. DATE OF DEATH (Month) (Day) (Year) 12 3 1949	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 9, 1873	
9. AGE (In years) (last birthday) 76		10. UNDER 1 YEAR (Months) (Days) (Hours) (Min.)		11. BIRTHPLACE (State or foreign country) Mound City, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Grain Man		10b. KIND OF BUSINESS OR INDUSTRY Grain Elevator		13a. FATHER'S NAME Fountin Donan			
13b. MOTHER'S MAIDEN NAME Mary Ashby		14. NAME OF HUSBAND OR WIFE Annie Donan				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Frank Donan				ADDRESS Mound City, Mo.	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma, generalized ANTECEDENT CAUSES DUE TO (b) Carcinoma, Transverse Colon Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 3 weeks 6 mo. 153X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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) (Min.)	
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 11-7, 1949, to 12-2, 1949, that I last saw the deceased alive on 12-2, 1949, and that death occurred at 7 A. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) John R. Prognan, M.D.				23b. ADDRESS 420 N. 8th St. Mound City, Mo.		23c. DATE SIGNED 12-2-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 5, 1949		24c. NAME OF CEMETERY OR CREMATORY Mount Hope Cemetery		24d. LOCATION (City, town, or county) (State) Mound City, Missouri	
DATE REC'D BY LOCAL REG. Dec 3, 1949		REGISTRAR'S SIGNATURE L. B. Jenkins		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS Mound City, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

11
1
7

SEP 10 1963

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.....

James H. Crawford
working under my personal supervision.

Student Embalmer No. *352*

Student *James H. Crawford*
Student Embalmer

Signed *JH Crawford*

Licensed Embalmer No. *1824*

P. O. Address *Minneapolis, Minn*

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.