

FILED NOV 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36628

| | | | | | | | |
|--|------------------------|--|--------------------------------|--|--|--|-----------------------|
| BIRTH NO. 124 | | REG. DIST. NO. 68 | | PRIMARY REG. DIST. NO. 5267 | | Registrar's No. 34 | |
| 1. PLACE OF DEATH a. COUNTY Christian County Mo | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo, Christian Co. COUNTY Christian | | | |
| b. CITY (If outside corporate limits, write BURAL and give township) OR TOWN Highlandville Mo | | c. LENGTH OF STAY (in this place) 9 | | c. CITY (If outside corporate limits, write BURAL and give township) OR TOWN Highlandville Mo, Rural | | 0 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Residence N. Gallows | | | | d. STREET ADDRESS (If rural, give location) Rural N. Gallows Township | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Robert | | b. (Middle) B. | | c. (Last) Donham. | | 4. DATE OF DEATH (Month) (Day) (Year) Aug 19, 1949 | |
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH July 31, 1880 | | 9. AGE (In years last birthday) 68 yrs | 10. UNDER 1 YEAR Months | 11. UNDER 1 HR. Hours |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY Farmer | | 11. BIRTHPLACE (State or foreign country) Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Robert Donham | | 13b. MOTHER'S MAIDEN NAME Elizabeth Barton | | 14. NAME OF HUSBAND OR WIFE Martha Ellen Donham | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME Richard Donham, Highlandville 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) Arterio-sclerosis, arterial, generalized (especially affecting heart + brain) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) Prostateitis, hypertrophic, benign II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Asymptomatic, acute abdominal hypertension, arterial, severe | | | | INTERVAL BETWEEN ONSET AND DEATH 5 yrs 4-5 yrs 2 yrs known yes. | |
| 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) m. | | 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 Aug, 1947, to 29 Aug, 1949, that I last saw the deceased alive on 10 July, 1949, and that death occurred at _____ m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE J. B. Chaffin | | (Degree or title) M.D. | | 23b. ADDRESS Ozark, Mo | | 23c. DATE SIGNED 26 Aug '49 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Aug 20, 49 | | 24c. NAME OF CEMETERY OR CREMATORY Highlandville | | 24d. LOCATION (City, town, or county) (State) Christian County Mo | |
| DATE REC'D BY LOCAL REG. Nov 1-1949 | | REGISTRAR'S SIGNATURE Luella Leonard | | 25. FUNERAL DIRECTOR'S SIGNATURE T. B. Chaffin | | ADDRESS Ozark, Mo. | |

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED NOV 15 1949

District Health Office No. 6,

District File Number 1149-1153

Date Filed 11-15-49

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

T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address

Ozark 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.