

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22713

State File No. _____

FILED AUG 15 1950

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

BIRTH NO. _____		REG. DIST. NO. <u>27</u>		PRIMARY REG. DIST. NO. <u>3005</u>		Registrar's No. <u>84</u>			
1. PLACE OF DEATH a. COUNTY <u>BATES.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>BATES</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BUTLER.</u>		c. LENGTH OF STAY (in this place) <u>1 DAY.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-OSAGE TWP.</u>		d. STREET ADDRESS (If rural, give location) <u>4 Mi. N.W. of Rich Hill, Mo</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BUTLER MEMORIAL.</u>				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) <u>HARRY ELMER DONALSON</u>			4. DATE OF DEATH <u>AUGUST-5-1950</u>						
a. (First)		b. (Middle)		c. (Last)					
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED.</u>		8. DATE OF BIRTH <u>SEPT-2-1888</u>			
9. AGE (In years last birthday) <u>61</u>		10. MONTH <u>11</u>		11. DAYS <u>3</u>		12. IF UNDER 1 YEAR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MINE OPERATOR</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>COAL MINE.</u>			11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>JOSEPH DONALSON</u>		13b. MOTHER'S MAIDEN NAME <u>CATHERINE PPLEY</u>		14. NAME OF HUSBAND OR WIFE <u>SELENA DONALSON</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Wm. Harry E. Donalson - Rich Hill, Mo.</u>			ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Circulatory collapse</u>				DUE TO (b) <u>acute nephritis</u>				<u>1 hour</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) _____				<u>3 days</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								<u>593X</u>	
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 <u>Aug 5, 1950</u> , to <u>Aug 5, 1950</u> , that I last saw the deceased alive on <u>Aug. 5, 1950</u> , and that death occurred at <u>4 P. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>L. S. Lathrop, M.D.</u> (Degree or title)				23b. ADDRESS <u>Butler, MO.</u>			23c. DATE SIGNED <u>8-12-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>8-9-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>GREEN LAWN</u>		24d. LOCATION (City, town, or county) (State) <u>RICH HILL, MISSOURI</u>			
DATE REC'D BY LOCAL REG. <u>Aug-12-50</u>		REGISTRAR'S SIGNATURE <u>H. D. Murray</u> 17			25. FUNERAL DIRECTOR'S SIGNATURE <u>Booth Funeral Home - Rich Hill, Mo</u> ADDRESS _____				

RECEIVED 8/14/50
DISTRICT HEALTH OFFICE No. 3
District File Number
Date Filed 8/14/50

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 *Robert G. Steinbrech*

Licensed Embalmer No. *4457*

P. O. Address *Butter, 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.