

FILED NOV 6 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 33210

BIRTH NO. 62976-50 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 838-A

V 0396  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Greene</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Greene</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>		c. LENGTH OF STAY (in days) <u>1 day</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Houston Perry</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. John's Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>10700</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>MITZI</u>		b. (Middle) <u>KAY</u>	c. (Last) <u>DONNELSON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>9 22 50</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>9-16-50</u>	9. AGE (In years last birthday) <u>6</u>	IF UNDER 1 YEAR Months <u>6</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>(INFANT)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>(INFANT)</u>	11. BIRTHPLACE (State or foreign country) <u>Houston Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Wayne Donnelson</u>		13b. MOTHER'S MAIDEN NAME <u>Bessie Parmenter</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>—</u>		16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Wayne Donnelson, Houston Mo.</u>		
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) <u>atelectasis bilateral</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>intracranial birth injury ??</u>  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          <u>7620</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>9-16</u> , 1950, to <u>9-22</u> , 1950, that I last saw the deceased alive on <u>9-22</u> , 1950, and that death occurred at <u>1:30 A.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Scott Kramer MD</u>			23b. ADDRESS <u>Houston Mo</u>		23c. DATE SIGNED <u>10-31-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-23-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Houston</u>	24d. LOCATION (City, town, or county) (State) <u>Houston Mo</u>		
DATE REC'D BY LOCAL REG. <u>11-1-50</u>		REGISTRAR'S SIGNATURE <u>W E Hamdly MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gaylord &amp; Elliott Houston Mo</u>	

**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 \_\_\_\_\_

*No Embalming*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.