

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **34467**
Registrar's No. **188**

No. 300
10.48
FILED NOV 3 1950

BIRTH NO. _____ REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **3058**

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY JACKSON	
b. CITY OR TOWN St. Charles (If outside corporate limits, write RURAL and give township)		c. CITY OR TOWN Kansas City, Mo. (If outside corporate limits, write RURAL and give township)	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital (If not in hospital or institution, give street address or location)		d. STREET ADDRESS 5041 Wyandotte (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) GARRETT c. (Last) DONOVAN	4. DATE OF DEATH (Month) (Day) (Year) Oct 21, 1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH July 13, 1924	9. AGE (In years last birthday) 26	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 12 mos. Hours	IF UNDER 12 mos. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engraver	10b. KIND OF BUSINESS OR INDUSTRY Commercial prtng.	11. BIRTHPLACE (State or foreign country) Kansas City, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME James P. Donovan	13b. MOTHER'S MAIDEN NAME Katherine Stack	14. NAME OF HUSBAND OR WIFE ----
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. unknown	17. INFORMANT'S SIGNATURE OR NAME J. P. Donovan	ADDRESS 5041 Wyandotte, K.C., Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Skull Fracture - due to auto accident - Coroner's verdict		INTERVAL BETWEEN ONSET AND DEATH 58166 26
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ----		

19a. DATE OF OPERATION -----	19b. MAJOR FINDINGS OF OPERATION -----	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) SUICIDE Accident	21b. PLACE OF INJURY (e.g., in or about house, farm, factory, street, office bldg., etc.) U.S. Hiway BP 40	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Dardenne Twp, St. Charles, Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct 20, 1950 7:45	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Auto accident - 2 cars involved
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22. I hereby certify that I attended the deceased from **XXXX** conducted, to inquest, 19 **50**, that I last saw the deceased alive on **Oct 21, 1950**, and that death occurred at **3:10 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Marie Muehary Coroner	23b. ADDRESS Wentzville, Mo.	23c. DATE SIGNED Oct 21, 50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 24, 1950	24c. NAME OF CEMETERY OR CREMATORY Mt. St. Mary Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri
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DATE REC'D BY LOCAL REG. 10-26-50	REGISTRAR'S SIGNATURE Francis D. ...	25. FUNERAL DIRECTOR'S SIGNATURE H.C. Dallmeyer & Sons Co.	ADDRESS 801 N 2nd, St. Charles, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

File No. _____
DISTRICT HEALTH OFFICE No. 4

OCT 30 1950

RECEIVED

OCT 29 1953

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 4189

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed _____

Joseph T. Landolt

Licensed Embalmer No. 4189

P. O. Address _____

St. Charles 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.