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FILED APR 11-1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9287

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>109</u>	
1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>			
b. CITY OR TOWN <u>Harrison</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Harrison</u>		0644	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>ST Elizabeth Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1100^a Valley St</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jesse</u> b. (Middle) <u>Andrew</u> c. (Last) <u>Donaldson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 31 1951</u>				
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>March 21, 1887</u>	9. AGE (In years last birthday) <u>64</u>	If UNDER 1 YEAR Months <u>-</u> Days <u>10</u>	If UNDER 12 HRS. Hours <u>-</u> Min. <u>-</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>haberer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Ed. Donway Co</u>		11. BIRTHPLACE (State or foreign country) <u>Perry, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Andrew Donaldson</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza Leake</u>		14. NAME OF HUSBAND OR WIFE <u>EMMA</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes World War #1</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Emma Donaldson</u> ADDRESS <u>1100^a Valley Harrison 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES <u>13 km</u> DUE TO (b) <u>Heart pressure brought on by going</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>2 hours</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		4201		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>June</u> , 19 <u>49</u> , to <u>3-31</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>3-31</u> , 19 <u>51</u> , and that death occurred at <u>12:00</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>B. J. Murphy</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Harrison MO</u>		23c. DATE SIGNED <u>4-3-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-2-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Grandview Burial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Harrison Marion MO</u>		
DATE REC'D BY LOCAL REG. <u>4-3-51</u>		REGISTRAR'S SIGNATURE <u>Dr. E. M. Tucker</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James O'Donnell</u>		ADDRESS <u>Harrison MO</u>	

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

RECEIVED APR 7 1951
MO. HEALTH DEPT.
DATE FILED APR 10 1951

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Michael J. O'Connell

Licensed Embalmer No. 3246

P. O. Address St. Louis, 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.