

FILED APR 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9566

State File No.

BIRTH NO.		REG. DIST. NO. <u>275</u>		PRIMARY REG. DIST. NO. <u>3053</u>		Registrar's No. <u>46</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Phelps		b. CITY (If outside corporate limits, write RURAL and give town) Rolla		a. STATE Missouri		b. COUNTY Phelps	
c. LENGTH OF STAY (In this place) 12 days		c. CITY (If outside corporate limits, write RURAL and give township) Rolla		d. STREET ADDRESS (If rural, give location) Soest Road			
d. FULL NAME OF HOSPITAL OR INSTITUTION McFarland Nursing Home							
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) ALEXANDER		b. (Middle) COE	c. (Last) DONNAN		(Month) (Day) (Year) March 29, 1951	Male <u>0</u>	6. COLOR OR RACE White
5. SEX		6. COLOR OR RACE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 3, 1859	
9. AGE (In years last birthday) 91		IF UNDER 1 YEAR Months Days	IF UNDER 48 HRS. Hours Min.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Banker		10b. KIND OF BUSINESS OR INDUSTRY Rolla State	11. BIRTHPLACE (State or foreign country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Andrew Donnan		13b. MOTHER'S MAIDEN NAME Agnes Ann. Coe		14. NAME OF HUSBAND OR WIFE Mrs. Mae Donnan	
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Mae Donnan Rolla, 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)		Cerebral Apoplexy - Thrombotic				INTERVAL BETWEEN ONSET AND DEATH 2 weeks	
ANTECEDENT CAUSES		DUE TO (b) Cerebral Arteriosclerosis				Unknown	
DUE TO (c) Degenerative Vessel changes		Senile Dementia				Unknown	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						1 week	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 334X				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) Rolla			
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>Oct 1, 1950</u> , to <u>29 March 1951</u> , that I last saw the deceased alive on <u>29 March 1951</u> , and that death occurred at <u>8:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Guy V. Ernest M.D.				23b. ADDRESS Rolla, Mo.		23c. DATE SIGNED 3 April 1951	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 31, 1951		24c. NAME OF CEMETERY OR CREMATORY Lake Springs Cem.		24d. LOCATION (City, town, or county) (State) Dent Co., Mo.	
DATE REC'D BY LOCAL REG. April 3, 1951		REGISTRAR'S SIGNATURE Madame L. Stalle		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Paul E. Null Rolla, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.480812
42

APR 14 1954

RECEIVED

Shelby County Health Officer

County Health Officer
Date Filed 4-9-51

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 Paul E. Nulb

Licensed Embalmer No. 4498

P. O. Address Rolla, 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.