

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27369**

FILED SEP 12 1951

| | | | | |
|---|--|---|------------------------------------|---|
| BIRTH NO. | | REG. DIST. NO. 156 | PRIMARY REG. DIST. NO. 2001 | Registrar's No. 404 |
| 1. PLACE OF DEATH a. COUNTY Jasper | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper | | |
| b. CITY (If outside corporate limits, write RURAL and give township) Joplin | | c. CITY (If outside corporate limits, write RURAL and give township) Joplin | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital, Joplin, Mo. | | d. STREET ADDRESS (If rural, give location) 514 Empire | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Thomas | | b. (Middle) Patrick | | c. (Last) Donahoe |
| 4. DATE OF DEATH Aug. 30 1951 | | 5. SEX Male | | |
| 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | | 8. DATE OF BIRTH June 3, 1894 |
| 9. AGE (In years last birthday) 83 | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired mine Supv. | | 10b. KIND OF BUSINESS OR INDUSTRY Mining |
| 11. BIRTHPLACE (State or foreign country) Bagnaelstown, Ireland | | 12. CITIZENSHIP OF WHAT COUNTRY? USA | | |
| 13a. FATHER'S NAME Owen Donahoe | | 13b. MOTHER'S MAIDEN NAME Unknown | | 14. NAME OF HUSBAND OR WIFE Lula Hudson Donahoe |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No | | 16. SOCIAL SECURITY NO. 499-24-1361 | | 17. INFORMANT'S SIGNATURE OR NAME Ted Donahoe |
| 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) arteriosclerosis (generalized) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Valvular Heart Disease 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. Secondary Anemia | | INTERVAL BETWEEN ONSET AND DEATH 15 years 10 years |
| 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 Feb 1949 , to Aug 30 1951 , that I last saw the deceased alive on Aug 30 1951 , and that death occurred at 3:00 p.m. , from the causes and on the date stated above. | | | | |
| 23a. SIGNATURE D. Schmitt | | 23b. ADDRESS Dr. J. B. Schmitt, Jr., No. 4214 | | 23c. DATE SIGNED 9-1-51 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Sept. 1, 1951 | | 24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery |
| 24d. LOCKDOWN (City, town, or county) (State) Webb City, Jasper, Mo. | | 25. FUNERAL DIRECTOR'S SIGNATURE David Dillon Funeral Home | | |
| DATE REC'D BY LOCAL REG. 9-6-51 | | REGISTRAR'S SIGNATURE by [Signature] | | ADDRESS Joplin, Mo. |

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

A child to

RECEIVED 9-10-51
Jasper County Health Office
County File Number 51/8/709
Date Filed 9-10-51

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 David Dillon

Licensed Embalmer No. 3898

P. O. Address Joplin, 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.