

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

**43214**

State File No. \_\_\_\_\_

No. 300  
10.48

**FILED JAN 6 - 1953**

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 412

1. PLACE OF DEATH a. COUNTY <u>ST. FRANCIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. FRANCIS</u>	
b. CITY OR TOWN <u>BONNE TERRE</u>		c. CITY OR TOWN <u>BONNE TERRE 0941</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BONNE TERRE HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>115 N. ALLEN ST.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JESSIE</u> b. (Middle) <u>G.</u> c. (Last) <u>DONNELLY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 15, 1952</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED 2</u>	
8. DATE OF BIRTH <u>JULY 22, 1915</u>		9. AGE (In years last birthday) <u>77</u>		10. IF UNDER 1 YEAR: Months <u>4</u> Days <u>23</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WORK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		11. BIRTHPLACE (State or foreign country) <u>FRENCH VILLAGE MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>CHARLES PAPIN</u>		13b. MOTHER'S MAIDEN NAME <u>CHRISTINE WEIK</u>		14. NAME OF HUSBAND OR WIFE <u>MARTIN H. DONNELLY</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give year or dates of service)		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MARIE DONNELLY</u> ADDRESS <u>BONNE TERRE 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u> 4 1/2 years  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertensive Vascular Disease - 1 yr.</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4200</u>		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 July, 1948 to Dec 15, 1952, that I last saw the deceased alive on Dec. 15, 1952, and that death occurred at 12:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Maxwell J. Hays, Jr. M.D.</u> (Degree or title)		23b. ADDRESS <u>Bonne Terre, Mo.</u>		23c. DATE SIGNED <u>12/16/52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>DEC 17, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST. JOSEPH'S</u>		24d. LOCATION (City, town, or county) (State) <u>BONNE TERRE MO</u>	
DATE REC'D BY LOCAL REG. <u>Dec. 17, 1952</u>		REGISTRAR'S SIGNATURE <u>Evelyn Rudloff</u>		289 - C-2 FUNERAL DIRECTOR'S SIGNATURE <u>Bender and Co. Bonne Terre Mo</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

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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

*Clarence J. Hayward*

Licensed Embalmer No. *3706*

P. O. Address *Concord, Tenn. Tenn.*

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.