

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12931

State File No.

FILED APR 6 1953

BIRTH NO. ... REG. DIST. NO. 322 PRIMARY REG. DIST. NO. 6087 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>SAKINE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL CAMBRIDGE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Glasgow</u> <u>0450</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1/2 mi East Slater Mo</u>		d. STREET ADDRESS (If rural, give location) <u>/</u>	

3. NAME OF DECEASED (First) (Middle) (Last) (Type or Print) <u>John Jefferson Watkins Donnegan</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAR 26 1953</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>OCT. 23 1892</u>		9. AGE (In years last birthday) <u>60</u>		10. IF UNDER 1 YEAR Days Hours Mins.	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>mgr. Glasgow office of K.C. Power Co.</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Borville Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Isaac Donnegan</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Watkins</u>		14. NAME OF HUSBAND OR WIFE <u>Loretta Seifert</u>			

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY # <u>486-09-9139</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Loretta Donnegan Glasgow Mo</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Automobile accident</u>		DUE TO (b) <u>It is the opinion of the officers and myself</u>					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Lie fell asleep</u>					
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 <u>097</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT (Specify) SUICIDE HOMICIDE <u>Accident Highway</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Glasgow Slater Sakine Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>March 26, 1953 11:30 am</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Opinion he went to sleep</u>	

22. I hereby certify that I attended the deceased from March 26, 1953 to March 27, 1953, that I last saw the deceased alive on March 27, 1953, and that death occurred at 11:30 am, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>P.L. Lawless M.P. Coroner Sakine Co.</u>		23b. ADDRESS <u>Marshall Mo.</u>		23c. DATE SIGNED <u>3-27-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>Mar 29, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington</u>	
		24d. LOCATION (City, town, or county) <u>Glasgow</u>		24e. (State) <u>Mo</u>	

DATE REC'D BY LOCAL REG. <u>4/1/53</u>		REGISTRAR'S SIGNATURE <u>Mrs. Earl C. Fritz</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Audsley-Fremont Glasgow</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

970
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JUN 8 1954

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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 *J. Walker Ainsley*
Licensed Embalmer No. *3336*

P. O. Address *Glasgow 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.