

FILED MAY 4 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13934**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 136 PRIMARY REG. DIST. NO. 5499 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <b>Harrison</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Harrison</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hatfield</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hatfield</b>	
c. LENGTH OF STAY (in this place) <b>4 years</b>		d. STREET ADDRESS (If rural, give location) <b>d</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) <b>Lola Donelson</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 21, 1953</b>		
a. (First)	b. (Middle)		c. (Last)		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March 11, 1890</b>	9. AGE (In years last birthday) <b>63</b>	IF UNDER 1 YEAR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeping</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>

13a. FATHER'S NAME <b>Alex Thompson</b>	13b. MOTHER'S MAIDEN NAME <b>Nora Heaston</b>	14. NAME OF HUSBAND OR WIFE <b>Homer Donelson</b>
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Homer Donelson - Hatfield, Missouri</b>	ADDRESS
---	-------------------------------------	--	---------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION <b>Coronary Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		
	ANTECEDENT CAUSES DUE TO (b) <b>Hypertension</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. -- DUE TO (c) <b>Vertigo, Shock from falling.</b>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Deceased suffered a stroke a year ago.</b>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
---	---	----------------------------

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>Joseph I. Marshall D.C.</b> (Degree or title)	23b. ADDRESS <b>1608 Main St. Bethany, Mo.</b>	23c. DATE SIGNED <b>4/24/53</b>
---	--	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>4-23-1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Miriam Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Maryville, Missouri</b>
---	----------------------------	---	--

DATE REC'D BY LOCAL REG. <b>4-30-1953</b>	REGISTRAR'S SIGNATURE <b>Florence C. Powell</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Bill A. Dunfee</b>	ADDRESS <b>Grant City, Mo.</b>
---	---	--	--------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

410

410

MAY 5 1967

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 Billy A. Dunfee

Licensed Embalmer No. 4968

P. O. Address Grant City, Missouri

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.