No. 300
10-48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32630

FILED SEP 18 1953

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 103

1. PLACE OF DEATH
a. COUNTY: Pike Co,
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Louisiana
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Pike County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Monroe
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Monroe City 0690
d. STREET ADDRESS (If rural, give location): /

3. NAME OF DECEASED (Type or Print): a. (First) Charlotta b. (Middle) V c. (Last) O'Donnell

4. DATE OF DEATH (Month) (Day) (Year): 8-29-1955

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 2/25/1885

9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months 6, Days, IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and State or Foreign Country): Kankee, Ill

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Frank Tenney

13b. MOTHER'S MAIDEN NAME: - - - -

14. NAME OF HUSBAND OR WIFE: William O'Donnell

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: Frank O'Donnell, Hannibal, 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) [illegible] — INTERVAL BETWEEN ONSET AND DEATH: Yrs.
DUE TO (c) Hypertensive Cardio Vascular Disease

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: 443X

20. AUTOPSY? YES ☐ NO ☒

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): m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 6-8, 1953, *to* 8-29, 1953, *that I last saw the deceased alive on* 8-29, 1953, *and that death occurred at* 7:45P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Chas A. Lewellen M.D.

23b. ADDRESS: Louisiana, Missouri

23c. DATE SIGNED: 8-31-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9/1/53

24c. NAME OF CEMETERY OR CREMATORY: Holy Rosary Cemetery

24d. LOCATION (City, town, or county) (State): Monroe City, Mo.

DATE REC'D BY LOCAL REG. Sept 1 1953

REGISTRAR'S SIGNATURE: Bernice Collier 374

25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: J. M. O'Donnell Hannibal Mo

(Licensed Embalmer's Statement on Reverse Side)

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 W. M. McDonnell

Licensed Embalmer No. 3889

P. O. Address Hannibal 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.