

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 43655

FILED JAN 14 1954

BIRTH NO. REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 5771 Registrar's No. 2

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

1. PLACE OF DEATH a. COUNTY <b>Mercer</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Mercer</b>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>Rural (Marian Twp)</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural (Marian Twp)</b> <b>0650</b>	
c. LENGTH OF STAY (in this place) <b>50 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Own Home</b>			

3. NAME OF DECEASED (Type or Print) <b>Malcolm Russell Donelson</b>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 26, 1953</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>Aug. 18, 1903</b>	9. AGE (In years last birthday) <b>50</b>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	IF UNDER 15 MINS. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Own Farm</b>	11. BIRTHPLACE (State or foreign country) <b>Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Ransom Donelson</b>	13b. MOTHER'S MAIDEN NAME <b>Minerva Collier</b>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>H. P. Donelson Mercer Mo.</b>
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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		INTERVAL BETWEEN ONSET AND DEATH <b>10 min.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Failure</b>		
	II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death.		
ANTECEDENT CAUSES		DUE TO (b) <b>Cardiac Asthma</b>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <b>Bronchial Asthma</b>	
		<b>30 years.</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>241X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **July, 1946**, to **Oct. 26, 1953**, that I last saw the deceased alive on **Oct. 25, 1953**, and that death occurred at **7:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Geo. J. Dawson M.D.</b>	23b. ADDRESS <b>Bx 98 - New Miami</b>	23c. DATE SIGNED <b>Oct 28 1953</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Oct. 28, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Farley Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Mercer County Mo.</b>
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DATE REC'D BY LOCAL REG. <b>1-11-54</b>	REGISTRAR'S SIGNATURE <b>Harold W. ...</b>	393	EMERALD DIRECTOR'S SIGNATURE <b>...</b>	ADDRESS <b>Lineville Iowa</b>
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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 James L. Greiner

Licensed Embalmer No. 3967

P. O. Address Linville, Iowa

**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.**