

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7843**

FILED APR 12 1954

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **5125** Registrar's No. **365**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural: Center Twp.	c. LENGTH OF STAY (In this place) life	c. CITY OR TOWN St. Joseph	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE 6 miles south of St. Joseph on Seymour Road		e. STREET ADDRESS (If rural, give location) R. R. #5	

3. NAME OF DECEASED (Type or Print) John	a. (First) John	b. (Middle) H.	c. (Last) Donaldson	4. DATE OF DEATH (Month) (Day) (Year) April 2, 1954
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH October 17, 1884	9. AGE (In years last birthday) Months Days 69	IF UNDER 1 YEAR Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. warehouse supervisor	10b. KIND OF BUSINESS OR INDUSTRY Highway Dept.	11. BIRTHPLACE (City and State or Foreign Country) Buchanan County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Henry Donaldson	13b. MOTHER'S MAIDEN NAME Catherine Hossenmeir	14. NAME OF HUSBAND OR WIFE Sadie
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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) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Sadie Donaldson, R. R. #5, St. Joseph, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Cardio Vascular Disease - Decompensation 2 yrs ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 4221		INTERVAL BETWEEN ONSET AND DEATH
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Man died at his home without being under recent medical treatment.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)
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?

22. I hereby certify that I attended the deceased **Wm** on **4/3, 1954** to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **8:15a m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. F. Mundy M.D. (Coroner)	23b. ADDRESS St. Joseph Mo	23c. DATE SIGNED 4/3/54
24a. BURIAL CREMATION REMOVAL (Specify) Burial	24b. DATE 4/5/1954	24c. NAME OF CEMETERY OR CREMATORY Blakely Cemetery
		24d. LOCATION (City, town, or county) (State) Buchanan County, Missouri

DATE REC'D BY LOCAL REG. Apr. 8, 1954	REGISTRAR'S SIGNATURE Kathryn M. Allison	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Walter Bowman - St. Joseph, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
Signature of Student Embalmer

Signed *James B. Hawkins*.....

Licensed Embalmer No...45...

P. O. Address 319 So 10th.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.