

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**8604**

State File No. ....

BIRTH NO. FILED MAR 25 1954 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1075

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Jackson</u> b. CITY (If outside corporate limits, write RURAL and give OR TOWN) <u>Kansas City</u> c. LENGTH OF STAY (in this place) <u>29 yrs.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3001 Forest</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> c. CITY OR TOWN <u>Kansas City</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>3001 Forest</u> f. ADDRESS <u>3428 2</u>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>David</u> b. (Middle) <u>Michael</u> c. (Last) <u>DONAHUE</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>March 9, 1954</u>	
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>2-24-96</u>
<b>9. AGE</b> (In years last birthday) <u>58</u>		<b>10. MONTHS</b>	<b>11. DAYS</b>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Delivery Dept.</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Western Union</u>	
<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Sedalia, Missouri</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>	
<b>13a. FATHER'S NAME</b> <u>Patrick J. Donahue</u>		<b>13b. MOTHER'S, MAIDEN NAME</b> <u>Mollie Lee Sims</u>	
<b>14. NAME OF HUSBAND OR WIFE</b> <u>Florine M. Donahue</u>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW-I</u>		<b>16. SOCIAL SECURITY NO.</b> <u>486-03-3487</u>	
<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mrs. Florine Donahue</u>		<b>ADDRESS</b> <u>3001 Forest, KC, Mo.</u>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Diabetes mellitus</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetic Acidosis</u>	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>260K</u>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) <u>NATURAL</u>		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	
<b>21c. (CITY, TOWN, OR TOWNSHIP)</b> (COUNTY) (STATE)			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from</b> <u>Jan 15, 1954</u> <b>to</b> <u>3-6, 1954</u> , <b>that I last saw the deceased alive on</b> <u>3-6, 1954</u> , <b>and that death occurred at</b> <u>11:30 a.m.</u> , <b>from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> <u>Richard L. Owens</u> (Degree or title) <u>M.D.</u>		<b>23b. ADDRESS</b> <u>1034 Rialto Bldg. Kansas City, Mo.</u>	
<b>23c. DATE SIGNED</b> <u>3-10-54</u>			
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>		<b>24b. DATE</b> <u>3-12-54</u>	
<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Mt. Olivet</u>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>Kansas City, Missouri</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>3-10-54</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Stardline Smith</u>	
<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Melody-McGilley-Eylar</u>		<b>ADDRESS</b> <u>Kansas City, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

*Dr. Richard Owen*

**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 *J. H. [Signature]*

Licensed Embalmer No. *249*  
P. O. Address *[Signature]*

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.