

FILED MAY 17 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15852**
1871

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN Kansas City		c. CITY OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 40yrs		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2125 College College Ave., Rest Home		e. STREET ADDRESS (If rural, give location) 2113 Denver	
3. NAME OF DECEASED a. (First) Jacob Donelson (Type or Print)		b. (Middle)	
c. (Last) Donelson		4. DATE OF DEATH (Month) (Day) (Year) April 23, 1954	
5. SEX Male <input checked="" type="checkbox"/> D	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH Nov. 22, 1868.
9. AGE (In years last birthday) 85		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer General	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Hillsboro, Indiana /	
12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME John Donelson		13b. MOTHER'S MAIDEN NAME Margaret Bever		14. NAME OF HUSBAND OR WIFE Mary Bradley Donelson	
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 Minnie M. Donelson Delavan Ill.	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral arteriosclerosis & Encephalomalacia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>years</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis</u>		DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				3324

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 type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from July 1, 1953, to April 23, 1954, that I last saw the deceased alive on April 9, 1954, and that death occurred at 1:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert H. Hodge</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>329 E. Curran Rd No AC 2nd</u>		23c. DATE SIGNED <u>4-24-54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 26, 1954		24c. NAME OF CEMETERY OR CREMATORY Green Lawn Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
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DATE REC'D BY LOCAL REG. 4-26-54		REGISTRAR'S SIGNATURE <u>Shelding Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mrs. C.L. Forster Funeral Home, K.C., Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

3298
Answer

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. D. [Signature]*
Licensed Embalmer No. 35

P. O. Address *St. C. 4*

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.