

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

41504

State File No.

FILED JAN 10 1955

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 5593 Registrar's No. 58

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY Jefferson		a. STATE Missouri b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural East Plattin)		c. LENGTH OF STAY (in this place) life	c. CITY OR TOWN Rural Plattin
d. FULL NAME OF HOSPITAL OR INSTITUTION Festus Route #1		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS R. F. D. # 1		0500	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Thomas	b. (Middle) Lilburn	c. (Last) Donnell	(Month) Dec.	(Day) 25	(Year) 1954
5. SEX Male	6. COLOR OR RACE White	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 8, 1892	9. AGE (In years last birthday) 62/3/7	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY General Farming	11. BIRTHPLACE (City and State or Foreign Country) Plattin, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Thomas L. Donnell	13b. MOTHER'S MAIDEN NAME Harriet Amanda Byrd	14. NAME OF HUSBAND OR WIFE Emily Madison
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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 Jack Donnell, R.# 1 Festus, Mo.	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u>	DUE TO (b) <u>Arteriosclerosis</u>	DUE TO (c)	<u>2 years</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>3 years</u>

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)
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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 Dec 10, 1951, to Dec 25, 1954, that I last saw the deceased alive on Dec 25, 1954, and that death occurred at 7:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Clarence E. Crosby, D.O.</u>	(Degree or title)	23b. ADDRESS <u>111 A Main St, Festus, Mo.</u>	23c. DATE SIGNED <u>Dec 26, 1954</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/28/54	24c. NAME OF CEMETERY OR CREMATORY Roselawn Memorial Park	24d. LOCATION (City, town, or county) (State) Festus., Mo
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DATE REC'D BY LOCAL REG. 1-4-55	REGISTRAR'S SIGNATURE <u>Marie Parrie</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Alvin Ford Festus Mo</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

JAN 5 1955

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 *Donald H. Vinyard*.....

Licensed Embalmer No. *4608*

P. O. Address *Testa*.....

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.