

FILED JAN 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 608

BIRTH NO. _____		REG. DIST. NO. <u>77</u>		PRIMARY REG. DIST. NO. <u>3016</u>		Registrar's No. <u>1</u>	
1. PLACE OF DEATH a. COUNTY <u>Cole</u>				2. USUAL RESIDENCE (Where deceased lived if institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson City Mo</u>		c. LENGTH OF STAY (in this place) <u>1 week</u>		c. CITY OR TOWN <u>Cape Girardeau</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Marys Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>St Vincent's College 0164</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Robert</u> c. (Last) <u>Donnelly</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 1, 1955</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>Jan 9, 1894</u>	
9. AGE (In years last birthday) <u>59</u>		If UNDER 1 YEAR Months <u>11</u> Days <u>22</u>		If UNDER 24 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work depending mostly working life, even if retired) <u>Maintenance Man</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) <u>Nest Hartlepool England</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>				13a. FATHER'S NAME <u>James Donnelly</u>		13b. MOTHER'S MAIDEN NAME <u>Rosana Carson</u>	
14. NAME OF HUSBAND OR WIFE <u>none</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>428-28-8424</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Ms. Mary Weiss J.C. Mo.</u>				17. ADDRESS <u>J.C. Mo.</u>			
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>Cardiac failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic arteriosclerosis</u> DUE TO (c) <u>Heart disease with Hypertension</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 months</u> <u>6 yrs.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 <u>Dec 26, 1954</u> , to <u>Jan 1, 1955</u> , that I last saw the deceased alive on <u>Dec 31, 1954</u> , and that death occurred at <u>4:45 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Edward R. Bohne M.D.</u>				23b. ADDRESS <u>Jefferson City Mo</u>		23c. DATE SIGNED <u>1-2-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1/3/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St Vincent</u>		24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau Mo</u>	
DATE REC'D BY LOCAL REG. <u>Jan 2-1955</u>		REGISTRAR'S SIGNATURE <u>R.P. Davis M.D.-M.R.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sylvester Dulle</u>		ADDRESS <u>J.C. Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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..... *Sylvester Dulle*
Licensed Embalmer No. *432*
P. O. Address *Jefferson City*

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.