FILED FEB 7 - 1955

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1530

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 13

1. PLACE OF DEATH
a. COUNTY JOHNSON 4
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) WARRENSBURG
c. LENGTH OF STAY (in this place) 2 YR
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) KINDER NURSING HOME, N. Main St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY JOHNSON
c. CITY OR TOWN HOLDEN
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) 4TH & OLIVE STS 0510

3. NAME OF DECEASED (Type or Print)
a. (First) MACE
b. (Middle)
c. (Last) DONALDSON

4. DATE OF DEATH (Month) (Day) (Year) JAN 23 1955

5. SEX M O

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED

8. DATE OF BIRTH AUG 3 1871

9. AGE (In years last birthday) 83 — If under 1 year: Months 5, Days 20 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER (RETIRED)

10b. KIND OF BUSINESS OR INDUSTRY OWN FARM

11. BIRTHPLACE (City and State or Foreign Country) LOUISVILLE KY, 1

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME ROBERT DONALDSON

13b. MOTHER'S MAIDEN NAME JULIA BRASFIELD

14. NAME OF HUSBAND OR WIFE CATHERINE DONALDSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) ✓

16. SOCIAL SECURITY NO. NONE

17. INFORMANT'S SIGNATURE OR NAME MRS PERRY HOUX ADDRESS HOLDEN MO

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 14 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis — 10 years
DUE TO (c)

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 4201

20. AUTOPSY? YES ☐ NO ☒

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 10, 1947 *to* Jan 23, 1955, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) C. H. Damron M.D.

23b. ADDRESS Warrensburg Mo.

23c. DATE SIGNED 1-24-55

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE 1-25-1955

24c. NAME OF CEMETERY OR CREMATORY PITTSVILLE CEMETERY

24d. LOCATION (City, town, or county) PITTSVILLE (State) MO

DATE REC'D BY LOCAL REG. Jan. 25, 1955

REGISTRAR'S SIGNATURE Savannah Crutchfield 147-0

25. FUNERAL DIRECTOR'S SIGNATURE Canadian & Ropp **ADDRESS** Holden Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
JAN 31 1955
JOHNSON COUNTY HEALTH DE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed M L Canaday

Licensed Embalmer No. 34

P. O. Address Holden

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.