

FILED FEB 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5686**
 BIRTH NO. _____ REG. DIST. NO. **257** PRIMARY REG. DIST. NO. **3843** Registrar's No. **55**

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE Missouri b. COUNTY Nodaway	
b. CITY OR TOWN Maryville Rural		c. CITY OR TOWN Maryville	
c. LENGTH OF STAY (in this place) 15 yrs		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 Pleasant View Rest Home		e. STREET ADDRESS (If rural, give location) 819 N. Buchanan	

3. NAME OF DECEASED (Type or Print)	a. (First) Goldie	b. (Middle)	c. (Last) Donaldson	4. DATE OF DEATH (Month) (Day) (Year) 2-15-1955
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5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 9-17-1886	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY Home-own	11. BIRTHPLACE (City and State or Foreign Country) Graham, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Baublitz	13b. MOTHER'S MAIDEN NAME Alfreda Schefsky	14. NAME OF HUSBAND OR WIFE Lae F. Donaldson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes and/or unknown) No	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Lae F. Donaldson	ADDRESS Maryville Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 17 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular accident		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis general		
	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 331 X	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 **2-15**, 19**55**, to **2-15**, 19**55**, that I last saw the deceased alive on **2-15**, 19**55**, and that death occurred at **10** m., from the causes and on the date stated above.

23a. SIGNATURE M. Bauman M.D.	(Degree or title)	23b. ADDRESS Maryville, Mo.	23c. DATE SIGNED 2/16/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-18-1955	24c. NAME OF CEMETERY OR CREMATORY Graham Cem.	24d. LOCATION (City, town, or county) (State) Graham, Mo.
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DATE REC'D BY LOCAL REG. 2-19-55	REGISTRAR'S SIGNATURE Beas Holt	25. FEDERAL DIRECTOR'S SIGNATURE W. H. Johnson	ADDRESS Maryville Mo.
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *G M Stephens*.....

Licensed Embalmer No.....

P. O. Address *Maryland*.....

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