

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18173

State File No.

FILED JUN 29 1955

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 77

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Camden</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kennett</u>		c. CITY OR TOWN <u>Bragg City</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>3 days</u>		f. STREET ADDRESS (If rural, give location) <u>0780</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dunklin County Memorial Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Luther</u> b. (Middle) <u>Jaylor</u> c. (Last) <u>Donaldson</u>			4. DATE OF DEATH <u>June 6, 1955</u> (Month) (Day), (Year)	
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 22, 1896</u>	9. AGE (in years) <u>59</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>14</u>	IF UNDER 24 HRS. Hours <u>14</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Carpenter</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Haleyville Ala</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Jack Donaldson</u>	13b. MOTHER'S MAIDEN NAME <u>Scenna Black</u>	14. NAME OF HUSBAND OR WIFE <u>Lizzie Donaldson</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>James Donaldson</u>	ADDRESS <u>Bragg City Mo</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>6 yrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive C.V. Disease</u> DUE TO (c) <u>4201</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"/>
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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) (Min.)	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 6/3/55, 1955, to 6/6, 1955, that I last saw the deceased alive on 6/6, 1955, and that death occurred at 11:15 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>George P. Sumner, M.D.</u>	(Degree or title)	23b. ADDRESS <u>Kennett Mo</u>	23c. DATE SIGNED <u>6-9-55</u>
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24. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-8-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Kennett Mo</u>
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DATE REC'D BY LOCAL REG. <u>6-17-55</u>	REGISTRAR'S SIGNATURE <u>Carl H. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John H. German</u>	ADDRESS <u>Wayli, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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 emb
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *John H. German*.....
Licensed Embalmer No. 439

P. O. Address *Hayti,*.....

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