

FILED JUN 27 1955

STANDARD CERTIFICATE OF DEATH

State File No. 19535

BIRTH NO. REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 170

1. PLACE OF DEATH a. COUNTY <b>Nodaway</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Nodaway</b>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>Maryville</b>		c. CITY OR TOWN <b>Maryville</b>	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)		f. STREET ADDRESS (If rural, give location) <b>612 N. Mulberry</b> <i>07420</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>612 N. Mulberry</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>America Evelyn</b> b. (Middle) <b>Donaldson</b> c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>June 17, 1955</b>
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5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>June 21, 1872</b>	9. AGE (In years last birthday) <b>82</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hour Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Guilford, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Reuben Morris</b>	13b. MOTHER'S MAIDEN NAME <b>Eliza Patterson</b>	14. NAME OF HUSBAND OR WIFE <b>John E. Donaldson, dec.</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Sarah Donaldson, Maryville, Mo.</b>	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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>3 1/2 yrs.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic bronchitis</b>		
	ANTECEDENT CAUSES DUE TO (b) <b>Chronic pulmonary fibrosis</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <b>Arteriosclerotic vascular disease</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>with coronary in-</b>		<b>supperiorly 4201</b>	

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 **5-16**, 19**55**, to **June 17**, 19**55**, that I last saw the deceased alive on **6-17**, 19**55**, and that death occurred at **3:30 P** m., from the causes and on the date stated above.

23a. SIGNATURE <b>H. Brunner</b> (Degree or title) <b>M. D.</b>	23b. ADDRESS <b>Maryville, Missouri</b>	23c. DATE SIGNED <b>6/17/55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>June 20 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Gravess Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Guilford, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>6-25-55</b>	REGISTRAR'S SIGNATURE <b>Kess Holt</b> <b>229</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Pine Funeral Home</b> ADDRESS <b>Maryville, Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 29 1958

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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 embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *Clem M. Price*

Licensed Embalmer No. *182*

P. O. Address *Maryville*

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.