

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35949

State File No.

FILED DEC 12 1955

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

BIRTH NO. _____		REG. DIST. NO. <u>38</u>		PRIMARY REG. DIST. NO. <u>3006</u>		Registrar's No. <u>336</u>	
1. PLACE OF DEATH <u>416 N. GARTH AVE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission).			
a. COUNTY <u>BOONE</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>COLUMBIA</u>		c. LENGTH OF STAY (In this place) <u>years</u>		a. STATE <u>MO</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>COLUMBIA</u>		c. LENGTH OF STAY (In this place) <u>years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>COLUMBIA</u>		b. COUNTY <u>BOONE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>416 N. GARTH ST.</u>				d. STREET ADDRESS (If rural, give location) <u>416 N GARTH H. AVE.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>EARL</u>		b. (Middle) <u>—</u>		c. (Last) <u>DONNELL</u>	
4. DATE OF DEATH		(Month) <u>12</u>		(Day) <u>4</u>		(Year) <u>1955</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>NEGRO</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>April 23 1904</u>	
9. AGE (In years last birthday) <u>51</u>		IF UNDER 1 YEAR Months <u>8</u>		IF UNDER 24 HRS. Hours <u>—</u> Min. <u>—</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>yard man</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>LABOR</u>		11. BIRTHPLACE (State or foreign country) <u>Aurdain Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>CHARLIE DONNELL</u>	
13b. MOTHER'S MAIDEN NAME <u>More Jane Hutchins</u>		14. NAME OF HUSBAND OR WIFE <u>—</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Edna Jackman</u>		ADDRESS <u>225 West 1st Columbia Mo.</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Hemorrhage (x) sanguination</u>				MEDICAL CERTIFICATION			
ANTECEDENT CAUSES				II. OTHER SIGNIFICANT CONDITIONS			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b) <u>self-inflicted wounds</u>				DUE TO (c) <u>(sharped wounds)</u>			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>977x</u>			
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>2:00 PM</u> to <u>2:00 PM</u> , 19 <u>12</u> , that I last saw the deceased alive on <u>12-6</u> , 19 <u>1955</u> , and that death occurred at <u>2:00 PM</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Edna Jackman</u>		(Degree or title) <u>—</u>		23b. ADDRESS <u>1309 Boulevard Columbia Mo</u>		23c. DATE SIGNED <u>12/5/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12-6-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>Columbia, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Dec 6, 1955</u>		REGISTRAR'S SIGNATURE <u>Mrs R.E. Palmer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Victor Brown</u>		ADDRESS <u>608 Park Ave Columbia Mo</u>	

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 _____
Student Embalmer

Signed _____

Austin C. Freeman

Licensed Embalmer No. _____

2837

P. O. Address _____

Columbia M

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 this body is not embalmed, fact should be so stated above.