

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8093

State File No.

FILED MAR 19 1956

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 275

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE Missouri		b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) 2 days		c. CITY OR TOWN Easton	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 902 Edmond Street Thompson-Brumm-Knepper Clinic		e. STREET ADDRESS (If rural, give location) 0 110 1		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) GEORGIA			b. (Middle) C.		
c. (Last) DONALDSON			4. DATE OF DEATH (Month) (Day) (Year) March 1, 1956		
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH March 10, 1889		9. AGE (In years last birthday) 66		10. IF UNDER 1 YEAR Months Days 9	
11. IF UNDER 24 HRS. Hours Min. 9		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY own home	
11. BIRTHPLACE (City and State or Foreign Country) Easton, Missouri		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME George Lisle		13b. MOTHER'S MAIDEN NAME Joanna Frick		14. NAME OF HUSBAND OR WIFE Marvin G. Donaldson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Marvin G. Donaldson, Easton, Missouri	
17. ADDRESS Easton, Missouri		MEDICAL CERTIFICATION			
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, assthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aspiration of blood			
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease			
		DUE TO (c) Spontaneous Posterior Nasal Hemorrhage			
		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"/>	
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) 4200	
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 Feb 29 , 1956, to March 1 , 1956, that I last saw the deceased alive on March 1 , 1956, and that death occurred at 10:30p m. , from the causes and on the date stated above.					
22a. SIGNATURE (Degree or title) Bruce H. Maen M.D.		22b. ADDRESS 902 Edmond St Joseph MO		22c. DATE SIGNED March 5/1956	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 3/3/1956		23c. NAME OF CEMETERY OR CREMATORY Moxley Cemetery	
23d. LOCATION (City, town, or county) (State) Easton, Missouri		24. DATE REC'D BY LOCAL REG. Mar 14, 1956			
REGISTRAR'S SIGNATURE Ethel M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE Heston - Bowman St Joseph Mo			
ADDRESS Easton, Missouri					

(Licensed Embalmer's Statement on Reverse Side)

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

Student.....
Signature of Student Embalmer

Signed *Richard D. Collins*.....

Licensed Embalmer No. *495*.....
319 R. 10th St.
P. O. Address *St. Louis, Mo.*.....

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.