

DR. SEWELL

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8732

FILED APR 2 - 1956

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 285

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) b. STATE MISSOURI c. COUNTY GREENE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD		c. CITY OR TOWN SPRINGFIELD	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) 10 YRS.		e. STREET ADDRESS (If rural, give location) 1212 E. ELM	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1212 E. ELM			

3. NAME OF DECEASED (Type or Print) a. (First) TIMOTHY b. (Middle) PATRICK c. (Last) DONOHUE			4. DATE OF DEATH (Month) (Day) (Year) MARCH 25 1956			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH AUG. 30 1869	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (This kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY FARMER	11. BIRTHPLACE (City and State or Foreign Country) NEGAUNEE, MICHIGAN		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME TIMOTHY DONOHUE	13b. MOTHER'S MAIDEN NAME MARGARET ROACHE	14. NAME OF HUSBAND OR WIFE CATHERINE DONOHUE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) ?	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. CATHERINE DONOHUE SPRINGFIELD, MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adeno Carcinoma		DUPLICATE TO (b) Prostate Gland		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death) 19 1947. Adeno Carcinoma		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Transurethral resection. Repeated 1-10-56	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) 177X		
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?		

22. I hereby certify that I attended the deceased from **3-15, 1956** to **3-25, 1956**, that I last saw the deceased alive on **3-20, 1956**, and that death occurred at **4 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Walter Sewell, Surgeon	23b. ADDRESS Springfield, Mo.	23c. DATE SIGNED 3-26-56
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 3/28/56	24c. NAME OF CEMETERY OR CREMATORY ST. MARY'S
24d. LOCATION (City, town, or county) (State) SPRINGFIELD, MISSOURI		

DATE REC'D BY LOCAL REG. 3-28-56	REGISTRAR'S SIGNATURE W. Williams	25. FUNERAL DIRECTOR'S SIGNATURE W. Williams	ADDRESS SPRINGFIELD, MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

411-1-15-1957

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 *Lucretia Bradley*.....

Licensed Embalmer No. *11112*.....

P. O. Address *Springfield*.....

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.