

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

21104

State File No.

FILED JUL 9 1956

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 76

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|--|---|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Linn</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Tennessee</u> b. COUNTY _____ | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brookfield</u> | c. LENGTH OF STAY (In this place) _____ | c. CITY OR TOWN <u>Athens</u> | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Doctors Hospital</u> | | e. STREET ADDRESS (If rural, give location) <u>8410</u> | |

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|--|--------------------------------------|--|---|--|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas Baldwin</u> b. (Middle) <u>Donner</u> c. (Last) _____ | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 1 1956</u> | | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Dec 3 1892</u> | 9. AGE (In years last birthday) <u>63</u> IF UNDER 1 YEAR Months <u>6</u> Days <u>28</u> IF UNDER 6 WKS. Hours <u>0</u> Min. <u>0</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Teacher</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Belleme Texas</u> | |
| 13a. FATHER'S NAME <u>J M Donner</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | | 14. NAME OF HUSBAND OR WIFE <u>Martha Donner</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>Yes</u> | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Martha Donner</u> 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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>38 hrs</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | _____ | |

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|--|--|---|--|---|--|
| 19a. DATE OF OPERATION <u>none</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>✓</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) <u>Brookfield Linn Mo</u> | |
| 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 June 30, 1956, to July 1, 1956 that I last saw the deceased alive on July 1, 1956 and that death occurred at 3 P. m., from the causes and on the date stated above.

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|--|--|---|--|--|--|
| 23a. SIGNATURE (Degree or title) <u>W B Simpson DD</u> | | 23b. ADDRESS <u>Brookfield Linn Mo</u> | | 23c. DATE SIGNED <u>7-2-56</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removed</u> | | 24b. DATE <u>July 2 1956</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Miss Mo.</u> | | | | | |

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|---|--|---|--|--|--|
| DATE REC'D BY LOCAL REG. <u>7/3/56</u> | | REGISTRAR'S SIGNATURE <u>Katharine Johnson Rep</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Homer Bowden</u> ADDRESS <u>Brookfield Mo</u> | |
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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 *Homer Bowden*.....

Licensed Embalmer No. *329*.....

P. O. Address *Brookfield*.....

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.