

FILED NOV 13 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36836**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **369** PRIMARY REG. DIST. NO. **6249** Registrar's No. **25**

1. PLACE OF DEATH a. COUNTY <b>WAYNE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>WAYNE</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>NEAR PIEDMONT</b>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>NEAR PIEDMONT</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
✓		e. STREET ADDRESS (If rural, give location) ✓ <b>Benton Jop. 1100</b>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
<b>LYSANDER MAELOW DONEY</b>			<b>OCT. 27 1956</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months Days
		<b>WIDOWED</b>	<b>Nov. 26, 1859</b>	<b>96 11 1</b>	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARM</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>MADISON CG. MO.</b>	
13a. FATHER'S NAME <b>LYSANDER DONEY</b>		13b. MOTHER'S MAIDEN NAME <b>REBBICCA MALLOW</b>		14. NAME OF HUSBAND OR WIFE <b>MINNIE DONEY</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) ✓		16. SOCIAL SECURITY NO. ✓		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>ESTHER RUTLEDGE PIEDMONT</b>	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Septicemia from eyes</b> ANTECEDENT CAUSES <b>catarrh &amp; chancres</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <b>10 days</b> <b>3 yrs</b>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4501</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Piedmont Wayne Mo</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Piedmont Wayne Mo</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 **Dec 1954** to **10-22, 1956**, that I last saw the deceased alive on **10-20, 1956**, and that death occurred at **7:00 P m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>L. E. Emery M.D.</b>		(Degree or title)		23b. ADDRESS <b>Piedmont Mo</b>	
23c. DATE SIGNED <b>10-29-56</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>OCT 30-56</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>DONEY CEM.</b>		24d. LOCATION (City, town, or county) (State) <b>NEAR PIEDMONT MO.</b>			
DATE REC'D BY LOCAL REG. <b>Oct. 30, 1956</b>		REGISTRAR'S SIGNATURE <b>Hazel Ward</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Norman W. High Piedmont Mo.</b>	

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

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WAYNE CO. HEALTH CENTER  
FILE NO. \_\_\_\_\_

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 me Student Embalmer No. \_\_\_\_\_ working under my personal supervision..

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Martin E. Bowler

Licensed Embalmer No. 1442

P. O. Address Piedmont,

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.