

Dr. Canella

HEALTH & WELFARE PUBLIC SERVICE

STANDARD CERTIFICATE OF DEATH

57-017922  
STATE FILE NUMBER

FILED JUN 13 1957

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 201

1. PLACE OF DEATH  
a. COUNTY Marion

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Marion

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal Inside Limits Yes  No

c. CITY OR TOWN Hannibal Inside Limits Yes  No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2701 Hope St., Length of stay in 1b

d. STREET ADDRESS 2701 Hope (If outside, give location) Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print)  
First Middle Last Fredrick J. Donaldson

4. DATE OF DEATH Month Day Year 5/25/1957

5. SEX Male  6. COLOR OR RACE White 7. MARRIED  NEVER MARRIED  WIDOWED  DIVORCED  8. DATE OF BIRTH 1/24/1892 9. AGE (In years last birthday) 65 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HRS.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY?  
Retired-Downey & Durasterl Co., Greenlawn, Mo. U.S.A.

13. FATHER'S NAME Andrew Donaldson 14. MOTHER'S MAIDEN NAME Louisa Leake

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO 16. SOCIAL SECURITY NO. 17. INFORMANT Address Kenneth R. Donaldson, 520 Olive

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Coronary heart disease with complete block  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary infarction  
DUE TO (c)  
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)  
INTERVAL BETWEEN ONSET AND DEATH one hour  
6 months

19. WAS AUTOPSY PERFORMED? YES  NO  2

20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.  
20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)  
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Dec. 4, 1956 to May 28, 1957 and last saw her alive on May 10, 1957  
Death occurred at 12:01 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Dr. Canella M.D. M/D 22b. ADDRESS 707 Bdw, Hannibal, Missouri 22c. DATE SIGNED 6-1-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 5/31/57 23c. NAME OF CEMETERY OR CREMATORY Grand View Burial Park 23d. LOCATION (City, town, or county) (State) Hannibal, Mo.

24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE  
H. J. O'Donnell Hannibal, Mo. 6-3-57 Dr. Em Lucke By W. J. Fisher

189-0

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

300  
1-56

MEDICAL CERTIFICATION

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JUN 12 1957  
MARION CO. HEALTH DEPT.  
DATE FILED JUN 12 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..... *H. M. O'Donnell* .....

Licensed Embalmer No.... 388

P. O. Address.... Hannibal, 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.