

HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 11 1957

19937

STATE FILE NUMBER

Registration District No. 2 Primary Registration District No. 4006 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <u>Andrew</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fillmore</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Fillmore</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>East Main St.</u>		Length of stay in lb <u>8 Mo.</u>	d. STREET ADDRESS <u>None</u>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Hugh</u> Middle <u>Donly</u> Last <u>Donly</u>			4. DATE OF DEATH Month <u>July</u> Day <u>7</u> Year <u>1957</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 31, 1870</u>		9. AGE (In years last birthday) <u>86</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, except if retired) <u>Mail carrier</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mail</u>	11. BIRTHPLACE (City and state or country) <u>La Porte, Ind.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
13. FATHER'S NAME <u>Joseph H. Donly</u>			14. MOTHER'S MAIDEN NAME <u>Martha Smith</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.	17. INFORMANT Address <u>Mrs. Carol Holliday, Fillmore Mo.</u>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hypertensive Congestion</u> DUE TO (b) <u>Cerebral Hemorrhage</u> DUE TO (c) <u>Arteriosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I:(n) <u>331X</u>					INTERVAL BETWEEN ONSET AND DEATH <u>7 Days</u> <u>11-18-56</u> <u>No Facts</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour <u>9 a.m.</u> Month <u>11</u> Day <u>18</u> Year <u>56</u>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <u>11-18-56</u> to <u>7-7-57</u> and last saw <u>him</u> alive on <u>7-7-57</u> Death occurred at <u>19th 9th m</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>M. R. Holliday M.D.</u>		22b. ADDRESS <u>Fillmore, Mo</u>		22c. DATE SIGNED <u>7-7-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>7-9-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Mount Hope Cem.</u>	
23d. LOCATION (City, town, or county) <u>Hiawatha Kans</u>		(State)			
24. FUNERAL DIRECTOR <u>Wm A. Reid Savannah, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>7-9-57</u>		26. REGISTRAR'S SIGNATURE <u>Kelbraun Spark</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Wm A Rich*

Licensed Embalmer No. 42

P. O. Address Savannah

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.