FILED AUG 26 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

'57 027596 STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 5134 Registrar's No. 909

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington Township — Inside Limits Yes ☐ No ☑
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION French Bottoms — Length of stay in 1b 3 Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Buchanan
c. CITY OR TOWN St. Joseph — Inside Limits Yes ☐ No ☑
d. STREET ADDRESS R.R.#2 Wathena, Kan. (If outside, give location) — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First CHARLES Middle ELLSWORTH Last DONAHOO

4. DATE OF DEATH Month Aug. Day 10 Year 1957

5. SEX Male

6. COLOR OR RACE White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☑

8. DATE OF BIRTH March 14, 1907

9. AGE (In years last birthday) 50 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter & Paperhanger

10b. KIND OF BUSINESS OR INDUSTRY Painting, Papering

11. BIRTHPLACE (City and state or country) Giles Nebraska

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME John L. Donahoo Sr.

14. MOTHER'S MAIDEN NAME Florence R. Morris

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 500-10-4651

17. INFORMANT Shelby Donahoo Address St. Joseph, Mo.

MEDICAL CERTIFICATION

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 occlusion — INTERVAL BETWEEN ONSET AND DEATH Instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

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 a. m. p. m. Month, Day, Year

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 1-9-46, to 1-28-46 and last saw him alive on 1-28-46
Death occurred at 10:45P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Gilbert B. Kelley M.D. (Degree or title)

22b. ADDRESS Savannah, Mo.

22c. DATE SIGNED 8-14-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 8-16-57

23c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery

23d. LOCATION (City, town, or county) St. Joseph (State) Missouri

24. FUNERAL DIRECTOR Slamey Funeral Home ADDRESS St. Joseph, Mo.

25. DATE RECD. BY LOCAL REG. Aug. 19, 1957

26. REGISTRAR'S SIGNATURE Mrs Robert Fulton

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No. .....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Charles E. Bennett.....

Licensed Embalmer No. 46

P. O. Address St. Joseph

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.