

No. 300  
10-48

FILED AUG 19 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30513**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **6092** Registrar's No. **1551**

1. PLACE OF DEATH a. COUNTY <b>Saline</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence, before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Caldwell</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marshall. Rural. Marshall</b>		c. LENGTH OF STAY (In this place) <b>28 yrs.</b>	c. CITY OR TOWN <b>Hamilton</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri State School, Marshall</b>		STREET ADDRESS (If rural, give location) <b>0130</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Raymond</b>	b. (Middle) <b>Orvel</b>	c. (Last) <b>Donaldson</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 10, 1957</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER-MARRIED, WIDOWED, NEVER FORCED (Specify) <b>Never married</b>	8. DATE OF BIRTH <b>July 21, 1912</b>	9. AGE (In years last birthday) <b>45 yrs.</b>	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Hamilton, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Walter Donaldson</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Schwartz</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mo. State School records, Marshall, Mo.</b>	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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchopneumonia</b>		
	ANTECEDENT CAUSES 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. <b>Heart Arteriosclerosis - 2 yrs</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4200</b>	20. AUTOPSY? <b>3</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Sept 3, 1957**, to **Aug. 10, 1957**, that I last saw the deceased alive on **Aug. 10, 1957**, and that death occurred at **7:20 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Cecil H. Deal</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>Marshall, Missouri</b>	23c. DATE SIGNED <b>8/10/57</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>8/13/57</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Hiland Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Hamilton, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>8-13-57</b>	REGISTRAR'S SIGNATURE <b>Cecil H. Deal</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>J. Leash Sweeney - Marshall, Mo.</b>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 *William E. Freese* .....

Licensed Embalmer No. *47* .....

P. O. Address *Marshall* .....

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.