Health, & Welfare Public Service

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1-57

FILED SEP 27 1957

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

32603
STATE FILE NUMBER

Registration District No. 167 Primary Registration District No. 3040 Registrar's No. 230

**1. PLACE OF DEATH**
a. COUNTY: Livingston
b. CITY OR TOWN: Chillicothe — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Chillicothe hosp. — Length of stay in Ib: 5 yrs.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Livingston
c. CITY OR TOWN: Chillicothe — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 820 Broadway — Reside on Farm: Yes [ ] No [X]

**3. NAME OF DECEASED** (Type or print): First: Francis Middle: Hubert Last: Donoho

**4. DATE OF DEATH** Month: Sept. Day: 21 Year: 1957

**5. SEX:** Male

**6. COLOR OR RACE:** White

**7. MARRIED** [ ] **NEVER MARRIED** [ ] **WIDOWED** [X] **DIVORCED** [ ]

**8. DATE OF BIRTH:** Sept. 17, 1900

**9. AGE** (In years last birthday): 57 — 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): Farmer (ret)

**10b. KIND OF BUSINESS OR INDUSTRY:** Own farm

**11. BIRTHPLACE** (City and state or country): Livingston Co., Mo.

**12. CITIZEN OF WHAT COUNTRY?** USA

**13a. FATHER'S NAME:** Michael Donoho

**13b. MOTHER'S MAIDEN NAME:** Ellen Slattery

**14. NAME OF HUSBAND OR WIFE:** xx

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

**16. SOCIAL SECURITY NO.:** 493-14-5161

**17. INFORMANT:** Jerry Donoho, Address: Chillicothe, Mo.

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.

MEDICAL CERTIFICATION

**18. CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| IMMEDIATE CAUSE (a) | Tubercular Meningitis | 4 days. |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) | Influenza. | 10 days. |
| DUE TO (c) | 010X | |

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

**19. WAS AUTOPSY PERFORMED?** YES [ ] NO [X]

**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 9-18-57, to 9-21- and last saw her/him alive on 9-21-57
Death occurred at 1:40 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** (Degree or title): R. W. Mahany MD

**22b. ADDRESS:** Chillicothe, Missouri

**22c. DATE SIGNED:** 9/23/57

**23a. BURIAL, CREMATION, REMOVAL** (Specify): burial

**23b. DATE:** Sept. 23, 1957

**23c. NAME OF CEMETERY OR CREMATORY:** Shelburn cemetery

**23d. LOCATION** (City, town, or county) (State): Grundy Co., Mo.

**24. FUNERAL DIRECTOR** ADDRESS: Donald Gordon, Chillicothe, Mo.

**25. DATE RECD. BY LOCAL REG.:** 9/23/57

**26. REGISTRAR'S SIGNATURE:** Francis B Neill

(Licensed Embalmer's Statement on Reverse Side)

OCT 17 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 Maurice Jordan

Licensed Embalmer No. 4191

P. O. Address Chillicothe O

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.