V.S. No. 300
Rev. 10.48

FILED NOV 14 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36581

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 259

1. PLACE OF DEATH
a. COUNTY Livingston
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Chillicothe
c. LENGTH OF STAY (In this place) 14 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Chillicothe Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri
b. COUNTY Livingston
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Chillicothe
d. STREET ADDRESS (If rural, give location) 1023 Broadway

3. NAME OF DECEASED (Type or Print)
a. (First) JOSEPH
b. (Middle) REX
c. (Last) DONOVAN

4. DATE OF DEATH (Month) Oct. (Day) 29 (Year) 1957

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH April 8 1896
9. AGE (In years last birthday) 61
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) Retried Distributor
10b. KIND OF BUSINESS OR INDUSTRY Beverage Co.
11. BIRTHPLACE (City and State or Foreign Country) Laredo Missouri
12. CITIZEN OF WHAT COUNTRY? US.A

13a. FATHER'S NAME Albert Donovan
13b. MOTHER'S MAIDEN NAME Nora Harris
14. NAME OF HUSBAND OR WIFE Mary Elizabeth Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes
(If yes, give war or dates of service) WW1
16. SOCIAL SECURITY NO. —
17. INFORMANT'S SIGNATURE OR NAME Mrs. Rex Donovan
ADDRESS Chillicothe, Mo.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chr. Myocarditis.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 331 X
20. AUTOPSY? YES ☐ NO ☑

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9/27, 1957, *to* 10/29, 1957, *that I last saw the deceased alive on* 10/29, 1957, *and that death occurred at* 1:00p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) A M Dowell, M.D.
23b. ADDRESS Chillicothe Mo
23c. DATE SIGNED 10/30/57

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 10-31-57
24c. NAME OF CEMETERY OR CREMATORY Lakeside Cemetery
24d. LOCATION (City, town, or county) (State) Sumner, Missouri

DATE REC'D BY LOCAL REG. 10/31/57
REGISTRAR'S SIGNATURE Frances B. Keil
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS NORMAN FUNERAL HOME: Chillicothe, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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NOV 14 1957

JAN 22 1958

VS DEC 15 1959

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 _____
Student Embalmer

Signed Elton F. Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, 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 this body is not embalmed, fact should be so stated above.