THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

309

STATE FILE NUMBER

FILED JAN 20 1958

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 22

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St. Joseph — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) D.O.A. St. Josephs — Length of stay in 1b: Hosp. Life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Buchanan
c. CITY OR TOWN St. Joseph 0117 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 5625 So. 2nd St., — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First Harold Middle Francis Last O'Donnell

4. DATE OF DEATH Month Jan. Day 7, Year 1958

5. SEX male 6. COLOR OR RACE white 7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH Sept. 5, 1904 9. AGE (In years last birthday) 53 — 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) Railway Clerk
10b. KIND OF BUSINESS OR INDUSTRY C.B.&Q. R.R.
11. BIRTHPLACE (City and state or country) St. Joseph, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John O'Donnell
13b. MOTHER'S MAIDEN NAME Marie O'Donnell
14. NAME OF HUSBAND OR WIFE Martha O'Donnell

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. 707-05-8013
17. INFORMANT Martha O'Donnell, Address St. Joseph, Missouri

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: Hrs.
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 [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 1-7-58, to 1-7-58 and last saw her/him alive on 1-7-58
Death occurred at 8:40 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Clemans C. Ehrhardt (Degree or title) M.D.
22b. ADDRESS St. Joseph Mo
22c. DATE SIGNED 1-10-58

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE Jan. 10, 1958
23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery
23d. LOCATION (City, town, or county) St. Joseph, Missouri (State)

24. FUNERAL DIRECTOR Meierhoffer-Fleeman Inc., ADDRESS St. Joseph, Mo.
25. DATE RECD. BY LOCAL REG. Jan. 15, 1958
REGISTRAR'S SIGNATURE Mrs Robert Fulton
(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part 1 must be causally related.

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 .....

Licensed Embalmer No. 4679

P. O. Address St. Joseph, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.