

FILED JAN 29 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

494

STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 149

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Scott</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Cape Girardeau</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Benton</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Francis Hosp.</b>			Length of stay in 1b <b>10 weeks</b>	d. STREET ADDRESS <b>None</b>			(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>William</b> Middle <b>Constantine</b> Last <b>O' Donnell</b>				4. DATE OF DEATH Month <b>Jan.</b> Day <b>5,</b> Year <b>1958</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Jan. 11, 1893</b>		9. AGE (In years last birthday) <b>64</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Railroad Employee</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Railroader</b>		11. BIRTHPLACE (City and state or country) <b>Piedmont, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13. FATHER'S NAME <b>John D. O' Donnell</b>				14. MOTHER'S MAIDEN NAME <b>Unknown</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>709-03-5681</b>		17. INFORMANT <b>Phyllis Bollinger</b>		Address <b>Benton, Mo.</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Deserted by father 2. Co. gestural heart failure</b> DUE TO (b) <b>acute interstitial pulmonary fibrosis</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) <b>cerebral infarction</b>							INTERVAL BETWEEN ONSET AND DEATH <b>525X</b>
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		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.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20e. CITY, TOWN, OR LOCATION		COUNTY STATE	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <b>9/21/58</b> to <b>Jan/5/58</b> and last saw him alive on <b>Jan/5/58</b> Death occurred at <b>4:30 PM</b> m on the date stated above; and to the best of my knowledge from the causes stated.							
22a. SIGNATURE <b>J. H. Kerrin, M.D.</b>				22b. ADDRESS <b>Cape Girardeau, Mo.</b>		22c. DATE SIGNED <b>1/20/58</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>1-9-1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Denis Cath. Ch. Cemetery</b>		23d. LOCATION (City, town, or county) <b>Benton, Missouri</b>		(State)
24. FUNERAL DIRECTOR <b>Ford &amp; Sons</b>				ADDRESS <b>Benton, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Jan 24, 1958</b>	
				26. REGISTRAR'S SIGNATURE <b>Mrs. Homer E. Cooper</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

00-56

JAN 30 1958

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 Walter J. Ford, Student Embalmer No. 58 working under my personal supervision..

Student Walter J. Ford  
Signature of Student Embalmer

Signed C. J. Lorberg  
Licensed Embalmer No. 38  
P. O. Address Cape Girardeau

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.