

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021350
State File No.

FILED JUN 16 1958

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 73

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Boonville</u>		c. LENGTH OF STAY (in this place) <u>2 WKS</u>	c. CITY OR TOWN <u>Boonville</u> <u>0272</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>			
e. STREET ADDRESS (If rural, give location) <u>710 E. Spring</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>GRACE</u>		b. (Middle) <u>ELIZABETH</u>		c. (Last) <u>DONAHUE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 12, 1958</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>Oct. 6, 1915</u>	9. AGE (In years last birthday) <u>42</u>	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) <u>Secretary</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Attorneys</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Sedalia, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Thomas H. Donahue</u>		13b. MOTHER'S MAIDEN NAME <u>Johanna O'Brien</u>		14. NAME OF HUSBAND OR WIFE <u>--</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY <u>486-03-6784</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs E. J. Kopine Boonville, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Brain tumor, verified, intra-ventricular, bilateral and third (astrocytoma, Gr. II)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 months</u>	
		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. <u>1930</u>			

19a. DATE OF OPERATION <u>4/24 & 4/25/58</u>		19b. MAJOR FINDINGS OF OPERATION <u>4/24-Carotid arteriography</u> <u>4/25- Ventriculography followed by left frontal craniotomy and intracranial ventricular tumor.</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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) (STATE) <u>Boonville, Missouri</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 4/10, 1958, to 6/12/58, 1958, that I last saw the deceased alive on 6/12, 1958, and that death occurred at 11:58p., from the causes and on the date stated above.

23a. SIGNATURE <u>William A. Colech</u>		(Degree or title) <u>MD</u>		23b. ADDRESS <u>329 Main St., Boonville, Mo.</u>		23c. DATE SIGNED <u>6/14/58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 16/58</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SS Peter & Paul's Cem. Boonville, Missouri</u>		24d. LOCATION (City, town, or county) (State)	

DATE REC'D BY LOCAL REG. <u>5/14/58</u>		REGISTRAR'S SIGNATURE <u>D. Cooper</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>B.W. Hacker Boonville, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Berry W. Shacter*.....

Licensed Embalmer No. *3944*

P. O. Address *Boonville*

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.