

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-021417  
STATE FILE NUMBER

45850258  
FILED JUL 10 1958 Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 100

|  |                               |   |  |
|--|-------------------------------|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>JUNKLIN</u>  |                               | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo</u> b. COUNTY <u>Shublin</u>  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>KENNETT</u>  |                               | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN <u>Kennett</u> 03520<br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                       |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>JUNKLIN COUNTY MEMORIAL HOSPITAL</u>   |                               | Length of stay in 1b<br><u>22 hrs</u>   | d. STREET ADDRESS (If outside, give location)<br><u>Memorial Hospital</u><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print)<br>First <u>LORILEE</u> Middle <u>MS</u> Last <u>DONALD</u>  |                               |   | 4. DATE OF DEATH<br>Month <u>JUNE</u> Day <u>29</u> Year <u>1958</u>   |
| 5. SEX <u>F</u>  | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>                                   | 8. DATE OF BIRTH<br><u>JUNE 28 1958</u>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>None</u>   |                               | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>no</u>  | 11. BIRTHPLACE (City and state or country)<br><u>Kennett Mo</u>  |
| 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u>   |                               | 13. FATHER'S NAME<br><u>RONALD DANA MS DONALD JR</u>  |  |
| 14. MOTHER'S MAIDEN NAME<br><u>JUDITH ANA HAGA</u>   |                               | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)<br><u>no</u>  |  |
| 16. SOCIAL SECURITY NO.<br><u>no</u>   |                               | 17. INFORMANT<br><u>Ronald S McDonald-Malden Mo</u>   |  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>prematurity</u><br><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. }<br>DUE TO (b) _____<br>DUE TO (c) _____<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)<br><u>776X</u> |                               |   | INTERVAL BETWEEN ONSET OF DEATH<br><u>24 hours</u>   |
| 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<br>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   |                               | 20f. COUNTY STATE   |  |
| 20g. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |                               | 20h. CITY, TOWN, OR LOCATION  |  |
| 21. I attended the deceased from <u>June 28 1958</u> to <u>June 29</u> and last saw him alive on <u>June 28</u><br>Death occurred at <u>12:00 AM</u> on the date stated above; and to the best of my knowledge, from the causes stated.  |                               | 21. I attended the deceased from _____ to _____ and last saw him alive on _____<br>Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated. |  |
| 22a. SIGNATURE<br><u>Wayne C. Crum, M.D.</u>   |                               | 22b. ADDRESS<br><u>Molder, Mo</u>   |  |
| 22c. DATE SIGNED<br><u>6-29-58</u>   |                               | 22d. DATE SIGNED  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Cremation 6/30/58</u>  |                               | 23b. DATE<br><u>6/30/58</u>   |  |
| 23c. NAME OF CEMETERY OR CREMATORY<br><u>Cross</u>   |                               | 23d. LOCATION (City, town, or county) (State)<br><u>Memphis, Tenn</u>   |  |
| 24. FUNERAL DIRECTOR<br><u>S.P. Salmon Kennett, Mo.</u>  |                               | 25. DATE RECD. BY LOCAL REG.<br><u>June 30 1958</u>   |  |
| 26. REGISTRAR'S SIGNATURE<br><u>Carl Huskard</u>   |                               | 26. REGISTRAR'S SIGNATURE   |  |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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RECEIVED DUNKLIN COUNTY H  
DEPARTMENT 7-8-58  
COUNTY FILE NUMBER 758-

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em  
by me, or by ..... Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *J. Salmer*.....

Licensed Embalmer No. 2550

P. O. Address *Levitt*

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.