

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032195

STATE FILE NUMBER

Registration District No. 98 Primary Registration District No. 5366 Registrar's No. 85

1. PLACE OF DEATH a. COUNTY <u>Daviess</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Daviess</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Marion Twn.</u>		c. CITY OR TOWN <u>Pattonsburg</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Rt. # 2, Pattonburg</u>		d. STREET ADDRESS (If outside, give location) <u>Rt. # 2</u>	
Length of stay in 1b <u>78 Yrs.</u>		Reside on Form Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>Willis Oliver Donner</u>			4. DATE OF DEATH Month Day Year <u>Sept 17, 1958</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>January 24, 1871</u>	9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Land-Owner</u>	11. BIRTHPLACE (City and state or country) <u>Mercer County, Penn.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Jacob Donner</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Ohle</u>	14. NAME OF HUSBAND OR WIFE <u>Lillie Mae Donner</u>
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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 NO. <u>488-14-4862</u>	17. INFORMANT Address <u>Mrs. Doris Lea Haver, Rt. #2, Pattonburg, Mo.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardio-renal Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Several</u> <u>Years</u>
DUE TO (b) <u>Hypertension</u>		
DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <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
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21. I attended the deceased from <u>Nov. 4, 1946</u> to <u>Sep. 17, 1958</u> and last saw <u>him</u> alive on <u>Sep. 15, 1958</u> Death occurred at <u>11:30 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <u>Frank Wilson M.D.</u>	22b. ADDRESS <u>Winston, Missouri</u>	22c. DATE SIGNED <u>9/20/58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Sept 20, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Christian Church Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Pattonburg, Mo.</u>
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24. FUNERAL DIRECTOR ADDRESS <u>Pattonburg, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>9-22-58</u>	26. REGISTRAR'S SIGNATURE <u>W. J. ...</u>
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

S. 300
1-57

891

MS
APR 2 1980
9081 9 T 100

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 *Louis Quest*

Licensed Embalmer No. *4096*

P. O. Address *Pattonsburg, TN*

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.