Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-004560
STATE FILE NUMBER

MAR 9 1959 Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 234

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN: St. Joseph — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 817 S. 10th St. — Length of stay in Ib: life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Buchanan
c. CITY OR TOWN: St. Joseph — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 817 S. 10th St. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: ANNA Middle: M. Last: DONAHUE

4. DATE OF DEATH Month Day Year: Feb. 25, 1959

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: July 12, 1872

9. AGE (In years last birthday): 86 — 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): Milliner

10b. KIND OF BUSINESS OR INDUSTRY: Milliner Shop

11. BIRTHPLACE (City and state or country): St. Joseph, Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Joseph Donahue

13b. MOTHER'S MAIDEN NAME: Mary Gray

14. NAME OF HUSBAND OR WIFE: —

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.: 493-18-9826A

17. INFORMANT Address: Mrs. John Pitney, 702 N. 10th, St. Joseph, Mo.

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 Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis — ?
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Fracture unreduced hip (1953) 4201

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

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 3 July 1956, to 25 Feb 1959 and last saw her/him alive on 14 Jan 1958. Death occurred at 4:00a.m. on the date stated above; and to the best of my knowledge from the causes stated.

22a. SIGNATURE (Degree or title): J. J. Mothershead MD

22b. ADDRESS: St. Joseph, Missouri

22c. DATE SIGNED: 2/28/59

23a. BURIAL, CREMATION, REMOVAL (Specify): burial

23b. DATE: 2/27/1959

23c. NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery

23d. LOCATION (City, town, or county) (State): St. Joseph Missouri

24. FUNERAL DIRECTOR: Heaton-Bowman — ADDRESS: St. Joseph, Mo.

25. DATE RECD. BY LOCAL REG.: Mar. 6, 1959

26. REGISTRAR'S SIGNATURE: Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Dr. J. J. Mothershead

MEDICAL CERTIFICATION

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 Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 S 10th, St Jo

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.