

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-006258  
STATE FILE NUMBER

FILED FEB 26 1959

Registration District No. 177 Primary Registration District No. 4276 Registrar's No. 24

300  
1-57

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

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Ohio</u> b. COUNTY <u>Paulding</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Pierce City</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Paulding</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Myrtle st.</u>		Length of stay in lb <u>6 years</u>	d. STREET ADDRESS (If outside, give location) <u>Not known</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Clement Floyd Donart</u>			4. DATE OF DEATH Month Day Year <u>2-- 9-- 1959</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>11-26-1877</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months Days <u>2 14</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Realestate &amp; Ins.</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Burn Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>George Donart</u>		13b. MOTHER'S MAIDEN NAME <u>Glesta Hartzog</u>		14. NAME OF HUSBAND OR WIFE <u>Rose M. Dbnart</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 NO. <u>302-18-0026</u>	17. INFORMANT Address <u>Sue D. Sallee Pierce City Mo.</u>		
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>Cancer of Oesophagus</u>					INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Ca of prostate</u>					<u>Unknown</u>
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 SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 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	
21. I attended the deceased from <u>1-13-59</u> to <u>2-9-59</u> and last saw <sup>her</sup> <sub>him</sub> alive on <u>2-9-59</u> Death occurred at <u>11:20 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Charles Moore D.O. 2</u>			22b. ADDRESS <u>Pierce City Mo</u>		22c. DATE SIGNED <u>2-10-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>2-11-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Paulding Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Paulding, Ohio</u>
24. FUNERAL DIRECTOR ADDRESS <u>Wilks Bros. Pierce City Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>2-10-59</u>	26. REGISTRAR'S SIGNATURE <u>ms P.N. Cook</u>	

REC'D 2/24/59

DATE REC. 2-24-59

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~~ Edwin Wilke, Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed Edwin Wilke .....

Licensed Embalmer No. 4131 .....  
P. O. Address Peere City, Mo. .....

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.