

Health,  
& Welfare  
Public  
Service

Dr. W. Johnson

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-009044

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 200 Registrar's No. 357  
FILED APR 14 1959

300  
1-57

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY GREENE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		c. CITY OR TOWN SPRINGFIELD 0296	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1524 KIMBROUGH		d. STREET ADDRESS (If outside, give location) 1524 KIMBROUGH	
Length of stay in lb 64 YRS.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last NORVAL MCCORD DONNELL			4. DATE OF DEATH Month Day Year APRIL 3 1959		
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH SEPT. 9 1894	9. AGE (In years last birthday) 64	10. F UNDER 1 YEAR Months Days Hours Min.	11. I UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED	10b. KIND OF BUSINESS OR INDUSTRY BELL TEL. CO.	11. BIRTHPLACE (City and state or country) SPRINGFIELD, MO. 0	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME LEE M. DONNELL	13b. MOTHER'S MAIDEN NAME ROZAMOND ROBERTS	14. NAME OF HUSBAND OR WIFE MARY DONNELL
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, state unknown) (If yes, give war & dates of service) YES W.W. # 1	16. SOCIAL SECURITY NO. 488-07-5954	17. INFORMANT Address MRS. MARY DONNELL SPRINGFIELD, MO.
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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) Cerebral hemorrhage, suspected DUE TO (b) Hypertensive cardiovascular DUE TO (c) Disease		INTERVAL BETWEEN ONSET AND DEATH about 1 hr. unknown
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.) 443x
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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 Feb '58 to death and last saw her alive on 3-26-59 Death occurred at 3:15 a.m. m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE Harold B. Johnson, MD	22b. ADDRESS Springfield Mo	22c. DATE SIGNED 4-3-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 4/6/59	23c. NAME OF CEMETERY OR CREMATORY HAZELWOOD	23d. LOCATION (City, town, or county) (State) SPRINGFIELD, MO.
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24. FUNERAL DIRECTOR H.H. LOHMEYER	ADDRESS SPRINGFIELD, MO.	25. DATE RECD. BY LOCAL REG. 4-6-59	26. REGISTRAR'S SIGNATURE Effie G. Metta
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

Always, however, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

1959 JUL 20 1959

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DEC 2 1959

APR 15 1950

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 *H. J. McCon...*

Licensed Embalmer No. *2727*  
P. O. Address *...*

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.