

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018214

STATE FILE NUMBER

FILED MAY 26 1959

Registration District No. 160

Primary Registration District No. 559

Registrar's No. 71

300

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|---|----------------------------------|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY JEFFERSON | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ARKANSAS b. COUNTY PULASKI | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RURAL JOACHIM | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | c. CITY OR TOWN NORTH LITTLE ROCK | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION JEFF. MEMORIAL HOSP. 4 WKS | | Length of stay in lb 4 WKS | STREET ADDRESS 116 S. SPRUCE ST. | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First MARTHA Middle JANE Last DONOHO | | | 4. DATE OF DEATH Month MAY Day 9 Year 1959 | | |
| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH OCT. 28, 1866 | | 9. AGE (In years at birthday) 92 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK | | 10b. KIND OF BUSINESS OR INDUSTRY OWN HOME | | 11. BIRTHPLACE (City and state or country) MT. VERNON, ILL. | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | 13a. FATHER'S NAME FRY | | |
| 13b. MOTHER'S MAIDEN NAME UNKNOWN | | | 14. NAME OF HUSBAND OR WIFE ---- | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If no, or unknown) NO (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT Address HENRY DONOHO LITTLE ROCK, ARK. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <i>Cerebrovascular heart disease</i> DUE TO (b) <i>Renal insufficiency</i> DUE TO (c) <i>arteriosclerosis</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | | INTERVAL BETWEEN ONSET AND DEATH 4200 |
| 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 Hour _____ a.m. _____ p.m. Month, Day, Year _____ | | | 20d. INJURY OCCURRED WHILE AT WORK <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 _____ and last saw her alive on _____ Death occurred _____ on the date stated above; and to the best of my knowledge, from the causes stated. | | | 22a. SIGNATURE (Degree or title) <i>[Signature]</i> | | |
| 22b. ADDRESS <i>[Address]</i> | | | 22c. DATE SIGNED <i>[Date]</i> | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 23b. DATE 5-13-59 | | 23c. NAME OF CEMETERY OR CREMATORY HUTCHINSON | |
| 23d. LOCATION (City, town, or county) HUTCHINSON, ARK. | | 24. FUNERAL DIRECTOR GENTRY R. POLITTE CRYSTAL CITY, MO. | | 25. DATE RECD. BY LOCAL REG 5-10-59 | |
| 26. REGISTRAR'S SIGNATURE <i>[Signature]</i> | | | 26. REGISTRAR'S SIGNATURE <i>[Signature]</i> | | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAY 22 1959

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 Henry R. Politt

Licensed Embalmer No. 3481
P. O. Address Capital

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.