

STANDARD CERTIFICATE OF DEATH

FILED VS SEP 7 1960

Registration District No. 210 Primary Registration District No. _____ Registrar's No. 64

1. PLACE OF DEATH a. COUNTY Mercer			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Mercer		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marian Twp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Mercer		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Own Home		Length of stay in 1b 65 yrs.	d. STREET ADDRESS (If outside, give location) Marian Twp.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Irl Middle Parker Last Donelson			4. DATE OF DEATH Month July Day II Year 1960		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 25, 1894	9. AGE (In years last birthday) 65	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) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own Farm	11. BIRTHPLACE (City and state or county) Mo. C	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Ransom Donelson		13b. MOTHER'S MAIDEN NAME Minerva Collier		14. NAME OF HUSBAND OR WIFE Wava Woolley	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 497-40-5137		17. NEORMANT Address Mercer 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) Circulatory Failure					INTERVAL BETWEEN ONSET AND DEATH 30 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. DUE TO (b) mediastinal Tuberculosis Lymphadenitis yr DUE TO (c) And Pulmonary Emphysema Primary Pulmonary Tuberculosis 2 yrs known					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 002X					
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 _____ Month, Day, Year _____ a.m. _____ p.m. _____					
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 June 1958 , to July 11-60 and last saw him live on July 11-1960 Death occurred at 4:45 P on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Geo J Dawson DO.			22b. ADDRESS Mercer, Mo		22c. DATE SIGNED 8-30-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE July 14, 1960	23c. NAME OF CEMETERY OR CREMATORY Farley Cemetery		23d. LOCATION (City, town, or county) (State) Mercer County Mo.
24. FUNERAL DIRECTOR Ames Greenlee		ADDRESS Lineville Iowa		25. DATE RECD. BY LOCAL RFG. 8-30-60	26. REGISTRAR'S SIGNATURE Howell Mass

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *James L. Greenlee*

Licensed Embalmer No. *3967*

P. O. Address *Linnville, Ga*

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.