RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JAN 18 1961

-60-048867

STATE FILE NUMBER

Registration District No. 182 Primary Registration District No. 5679 Registrar's No. 1

1. PLACE OF DEATH
a. COUNTY: Linn
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: North Salem Township
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION:
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Linn
c. CITY OR TOWN: South East Of Winigan
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location):
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Daniel Middle: Lewis Last: Doner

4. DATE OF DEATH: Month: December Day: 25 Year: 1960

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: June 10 1871
9. AGE (last birthday): 89
IF UNDER 1 YEAR: Months: 6 Days: 15
IF UNDER 24 HR: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Dalton City Illoinois
12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: William Henry Doner
13b. MOTHER'S MAIDEN NAME: Katherine Koch
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.: 494-40-8816
17. INFORMANT: Ray Doner Address: New Boston Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Chronic myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 6 mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): arteriosclerosis
DUE TO (c): senility
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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 7-7-60, to 12-25-60 and last saw him alive on 12-21-60
Death occurred at 3-10 Am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): B. A. Divelbiss D.O.
22b. ADDRESS: Brookfield Mo
22c. DATE SIGNED: 12-27-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Dec 27 1960
23c. NAME OF CEMETERY OR CREMATORY: Price
23d. LOCATION (City, town, or county) (State): Linn County Missouri

24. FUNERAL DIRECTOR: H. H. McCollum ADDRESS: South Gifford Mo
25. DATE RECD. BY LOCAL REG.: 1-5-61
26. REGISTRAR'S SIGNATURE: Lorenia Mace

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

VS JAN 19 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed W. H. McCollum
Signature of Student Embalmer

Licensed Embalmer No. 2052

P. O. Address South Gifford "

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to con
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.