

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

1802-61-013710
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1802

FILED MAY 3 1961

AMENDED

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b "unknown"	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 514 1/2 Main St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last RICHARD STERLING DONELLY			4. DATE OF DEATH Month Day Year 4 8 61
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 5-19-99
9. AGE (last birthday) 61		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Rock Island R.R.	11. BIRTHPLACE (City and state or country) Terre Haute, Indiana
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME "unknown"	
13b. MOTHER'S MAIDEN NAME "unknown"		14. NAME OF HUSBAND OR WIFE "unknown"	
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. "unknown"	17. INFORMANT K.C., Mo. General Hospital Address Records: Jackson County Welfare
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 _____ to _____ and last saw her him alive on _____. Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Ruth Owens M.D. Coroner		22b. ADDRESS 152 Union Station-K.C., Mo.	22c. DATE SIGNED 4-12-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Anatomical	23b. DATE 4-13-61	23c. NAME OF CEMETERY OR CREMATORY University of K.C. School of Dentistry	23d. LOCATION (City, town, or county) (State) Columbia Kansas City, Missouri
24. FUNERAL DIRECTOR Weillert's: 2332 Monitor Place, K.C., Mo.		25. DATE RECD. BY LOCAL REG. 4-12-61	26. REGISTRAR'S SIGNATURE Ruth Long

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

4-14-61

INSTEAD OF

Univ. of K. C. (Dentistry)
K. C. Mo.

DOCUMENT

SHOULD READ

Anatomy Dept. U. of Mo.
Columbia, Mo.

ITEM NO.

23c&d

BY AFFIDAVIT OF Funeral Home
H. Owens MEDICAL CERTIFICATION

International License

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 B. E. Wulbert

Licensed Embalmer No. 4075

P. O. Address K. C. S. 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.