

Donaldson

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-028280

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 340 Primary Registration District No. 3058 Registrar's No. 197

STATE FILE NUMBER

1. PLACE OF DEATH
 a. COUNTY St Charles
 b. CITY (If outside corporate limits, give TOWNSHIP only) St Charles Length of stay in 1b
 c. FULL NAME OF (If NOT in hospital, give location) St Joseph's Hosp Inside Limits Yes No
 d. STREET ADDRESS 1107 72nd STREET (If outside, give location) Reside on Farm Yes No

2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission)
 a. STATE Mo b. COUNTY St Charles
 c. CITY OR TOWN St Charles Inside Limits Yes No
 d. STREET ADDRESS 1107 72nd STREET (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Donaldson Middle Last
 4. DATE OF DEATH July 23 1962 Month Day Year

5. SEX Male 6. COLOR OR RACE W 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH July 23-62 9. AGE (last birthday) 48 IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)
 10b. KIND OF BUSINESS OR INDUSTRY
 11. BIRTHPLACE (City and state and country) ST. CHARLES - MO
 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Alexander Donaldson 13b. MOTHER'S MAIDEN NAME Sharon Sue Odans
 14. NAME OF HUSBAND OR WIFE
 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
 16. SOCIAL SECURITY NO.
 17. INFORMANT MARCUS DONALDSON Address 1107 N. 2nd ST. CHARLES

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Neonatal death. INTERVAL BETWEEN ONSET AND DEATH
 DUE TO (b) Severe anemia, due to fibrotic
 DUE TO (c) placenta.

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)
 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 Birth 3:40 a.m., 7/23/62 to 7/23/62 and last saw him alive on 7/23/62
 Death occurred at 7/23/62 4:28 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) G.C. Gaeger, M.D. 22b. ADDRESS 304 So. 2nd, St Charles, Mo 22c. DATE SIGNED 7/23/62

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL 23b. DATE 7-24-62 23c. NAME OF CEMETERY OR CREMATORY OLNEY CEMETERY 23d. LOCATION (City, town, or county) (State) OLNEY MISSOURI

24. FUNERAL DIRECTOR Jones B. Home BELLFLOWER ADDRESS Mo. 25. DATE RECD. BY LOCAL REG. 7-23-62 26. REGISTRAR'S SIGNATURE Maree Wilson

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
DATE AMENDED
1 0928
2 0928
3
4 0
5 0
6
7 0
8 2
9 773.0
10
11
12 1-0
13 4-0

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

Not embalmed

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 _____

Licensed Embalmer No. _____

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.