

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

67-0026858
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 176

FILED JUL 24 1967

1. PLACE OF DEATH
a. COUNTY Henry

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Clinton

Length of stay in lb
8 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Henry

c. CITY OR TOWN Clinton

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 1001 E. Franklin

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
1001 E. Franklin

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Middle Last
PARKER WEST DONALDSON

4. DATE OF DEATH
Month Day Year
July 16, 1967

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
Sept 2, 1894

9. AGE (last birthday)
72

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)
Laboratory Tech.

10b. KIND OF BUSINESS OR INDUSTRY
Sinclair Oil Co.

11. BIRTHPLACE (City and state or country)
Lexington, Miss.

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

13b. MOTHER'S MAIDEN NAME

14. NAME OF HUSBAND OR WIFE

J.R. Donaldson

Della Buck

Louise Donaldson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
Yes WW I

16. SOCIAL SECURITY NO.
510-10-0734

17. INFORMANT
Address
Louise Donaldson, Clinton, 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)

Coronary occlusion

INTERVAL BETWEEN ONSET AND DEATH
Immediate

DUE TO (b)

Hypertension

DUE TO (c)

Arteriosclerosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Diabetes mellitus

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.)

23c. 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 1960 to July 16, 1967 and last saw him alive on July 15, 1967
Death occurred at 10:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
Z.E. Halbaugh D.O.

22b. ADDRESS
Clinton, Mo.

22c. DATE SIGNED
7-17-67

23a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

23b. DATE
July 17, 67

23c. NAME OF CEMETERY OR CREMATORY
Via Auto

23d. LOCATION (City, town, or county) (State)
Coffeyville, Kansas

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Consalus Funeral Home

Clinton, Mo.

July 17, 1967

Mildred Rogers

(Licensed Embalmer's Statement On Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

1 0425

2 0425

3

4 0

5 1

6

7 1

8 2

94201

10

11

12 90-2

13 1-0

JUL 28 1967
AUG 2 1967

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

Eugene R. Conner

Licensed Embalmer No. 4680

P. O. Address Clinton, 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.